L2000 153 088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100351341611

09/02/20--01013--024 **25.00

2020 SEP -2 PM 2: 19
SECRETARY OF STATE
SECRETARY OF STATE



COVER LETTER

Division of Corporations PALM BEACH YACHT SALES & MANAGEMENT LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kerry Jester Name of Person American Incorporators Ltd. Firm/Company 1013 Centre Road, Suite 403-A Address Wilmington, DE 19805 City/State and Zip Code kerryj@ailcorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roger Carman Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2020 SEP -2 PH 2: 19

SECRETARY OF STATE TALLAHASSEE, FL

PALM BEACH YACHT SALES & MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	vere filed on 6/9/2020	and assigned
Florida document number L20000153088		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	idress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Lisa M. Carman	383 SW LOST RIVER RD.	\
		STUART, FL 34997	
			
			□Remove
			□Change
			□Add
			Remove
			□Change
	·		
			Remove
			□Change
 .			□ Add
			□Remove
			□Change
			□Add
			□Remove

	
	
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be price	or to date of filing or more than 90 days after filing.) Pursuant to 605,0207 icable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective list filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.	
Pated August 37, 2020	<u>o</u> .
Signature of a member or aut	horized representative of a member

Typed or printed name of signee