Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383				
Account Name : LEGALZCOM.COM IN Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3989	NC.			
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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

	gistration Sec Asion of Corp			
CUD IFCT.		ACHTING, LLC		
SUBJECT:	-	Name of Liv	nited Liability Company	
The enclosed	d Anicles of A	mendment and fee(s) are sul	omitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Finn/Company	·
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	······································
		jonhoffis@gmail.com		
		E-mail address; (to be used for future annual report noti	fication)
For further in	nformation con	ceming this matter, please c	all:	
Cheyenne M	loseley		800 773-0888 at ()	
	Name of P	erson	Arca Code Daytin	e Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XSALES YACHTING, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000029720</u>	vere filed on 01/13/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
XSails Yachting, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	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 offi	ce address on our records outer the dame of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin Code

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

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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 Changing Registered Agent, Signature of New Registered Agent

18506176380

MGR = Manager

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2021-03-12 05:55:22 PST

LegalZoom.com, Inc.

From: Svlvia Paull

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

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			D Add
			□ Remove
			Change
			DAdd
			□ Remove
			☐ Change
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ote: If the	date inserted in thi	s block does not meet	the applicable statute	ry filing requirement	s, this date will not be li	sted as th
ocument's e	ffective date on th	e Department of State	's records.			
			, but not an effe	ctive time, at 12:	01 a.m. on the ear	lier of:
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Typed or printed name of signee

Filing Fee: \$25.00