

LD3000018735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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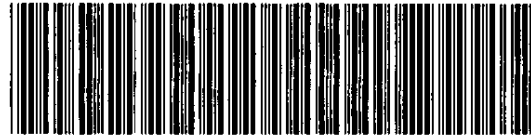
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 20 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Yacht Spa Cruises, LLC

DOCUMENT NUMBER: L03000018735

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

World Trade Towers, LLC

Firm/ Company

1930 Harrison Street, Ste 603

Address

Hollywood, FL 33020

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca at (954) 712-9555 x 101
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 JUL 19 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Yachts Spa Cruises, 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 were filed on _____ and assigned
Florida document number L03000018735.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

World Trade Towers, LLC

New Registered Office Address:

1930 Harrison Street, Ste 603

Enter Florida street address

Hollywood,

Florida

33020

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------------|--|--|
| <u>Mgr</u> | <u>Citrine Management</u> | <u>12706 NE 32nd Ave</u> <u>Ste 3</u> <u>Fort Lauderdale, FL 33308</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>Mgr</u> | <u>World Trade Towers, LLC</u> | <u>1930 Harrison Street</u> <u>Ste 603</u> <u>Hollywood, FL 33020</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 14, 2010



Signature of a member or authorized representative of a member

Rebecca Camacho

Typed or printed name of signee

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TALLAHASSEE, FLORIDA