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| (Req                      | uestor's Name)   |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
| (Bus                      | iness Entity Nar | me)         |
| (Doc                      | cument Number)   |             |
| Certified Copies          | Certificates     | s of Status |
| Special Instructions to F | Filing Officer:  |             |
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Office Use Only



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## **COVER LETTER**

| TO:      | Registration Sect<br>Division of Corp |   |  |  |
|----------|---------------------------------------|---|--|--|
| SUBJE    | ест: <u>М</u>                         | esidentai yan                                 | Mayazuud<br>ited Liability Company   | LL(_   |
| The end  | closed Articles of A                  | mendment and fee(s) are sub                   | mitted for filing.   |  |
| Please   | return all correspon                  | dence concerning this matter                  | to the following:  |  |
|          |                                       |   | Rame of Person   |  |
|          |                                       | mesideu                                       | hir Yacle Mr. Firm Company   | 14gall (C  |
|          |                                       | Scite   | //0 330 /  | Himmonshee Street  |
|          |                                       | Ft G  | VI Fla 33  | <u> </u>   |
|          |                                       | ACCOUNK<br>E-mail address: (                  | City/State and Zip Code  O MAN IND HOSE  To be used for future annual report notif | pharty. Cow,   |
| For furt | ther information cor                  | ncerning this matter, please ca               |  |  |
|          | KIA BUY<br>Name of I                  | AICQ<br>Person                                | at ( <u>9174</u> )<br>Area Code Daytime  | 314-8699<br>Telephone Number   |
| Enclose  | ed is a check for the                 | following amount:                             |  |  |
| □ \$25   | 5.00 Filing Fee                       | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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

Presidential Yacht Hanagement

| (A Florida )  | Limited Liability Company)  |  |  |
|---|---|--|--|
| The Articles of Organization for this Limited Liability Co  | ompany were filed on January 21th 2004 and assigned                       |  |  |
| This amendment is submitted to amend the following:   |   |  |  |
| A. If amending name, enter the new name of the limit  | ed liability company here:  |  |  |
| The new name must be distinguishable and contain the words "Limit                                     | ed 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 ADDRE  | 330 Himmarshee Street.<br>HIID tort Lauderdale, FL 33312                  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                  | 330 Himmarshee Street<br>HIIO<br>Fort Lauderdale, FL 33312                |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | ered office address on our records, enter the name of the new             |  |  |
| Name of New Registered Agent:   |   |  |  |
| New Registered Office Address: 330 Himmarshee Skreet #110 2 5   |   |  |  |
| Fort  | Lauderdale Florida 33812  |  |  |
| New Registered Agent's Signature, if changing Registered  |   |  |  |

If Changing Registered Agent, Signature of New 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

Title Name Address **Type of Action** Min Glorn White 921 RENMAN DR DAdd Plantalin FL 33317 Change 462 MAN KEUNNE Guppell # 307- MADE 900 Ne 18th Averl Remove Ff and Fla 35304 Change □ Add ☐ Change □ Add ☐ Remove \_\_\_\_\_ □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| tive date, if other than the date of filing:   | (optional) (optional) inore than 90 days after filing.) Fing requirements, this date w | Pursuant to 605<br>ill not be liste |
| ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed. | e time, at 12:01 a.m. or   | n the earlie                        |
| 1 May 18 . 2017.   |  |                                     |
|  |  |                                     |

Page 3 of 3

Filing Fee: \$25.00