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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			



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09/16/11--01011--013 **25.00



Attn: Florida Department of State Division of Corporations

Please send the acknowledgement to the following address:

2890 NE 187th Street

Aventura, FL 33180

Attn: Maria Fundora-Macias

Daytime Phone #: 305-374-2782 x205

Fax: 305-374-5438

TO:

- Registration Section
Division of Corporations

COVER LETTER

Vertical Yacht Club Development ,LLC SUBJECT: __ 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person

\$55.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

MAILING ADDRESS:

¬\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

3\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 11 SEP 16 PM 12: 13

Vertical Yach+ Club Developmentoning

VETTICAL	1000111			SAME DEUTINA
(Name of the Limited L (A F	iability Company as it	Company)	on our records.	
	•			
The Articles of Organization for this Limited Liab	oility Company were f	iled on9	12105	and assigned
Florida document number LUSOCO 8	72.79			
Florida document flumber	12-1.(
This are a local to the state of the control of the	•			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liability co	mpany here:		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liab	oility Company	," the designation "	LLC" or the abbrev
Enter new principal offices address, if applicab	ıle.			
• •		-		
(Principal office address MUST BE A STREET.	<u>AUUKESSI</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
				
B. If amending the registered agent and/or	registered office ad	dress on our	records, enter	the name of the
registered agent and/or the new registered offic				
Name of New Registered Agent:				
New Registered Office Address:		Enton	Florida street add	drana
		Lnter	rioriaa sireei aad	41 ES3
			, Florida	
	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 w the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this documen 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 the Managers or Managing Members on our records, enter the title, name, and address of each Managing Member being added or removed from our records:

MGR ≈ Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR_	Sturner Andrew		Add Remove
MGR_	AMP Marina Development	2890 NE 187th St Aventura FL 33180	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	Add Remove FILED RECHETAGE AND 12: 13
			PN 12: 13
Dated	May 13 , 20	XIII	
	/	or authorized representative of a member WONDW STUDIEN (ET) or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00