

LOW 111451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

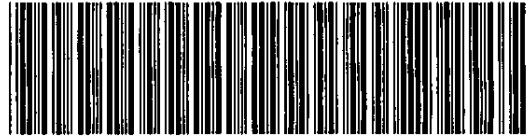
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP 30 P 1:23

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 3, 2015

ROLANDO E. LEIVA, CPA, PA  
7400 SW 50 TERRACE, SUITE 302  
MIAMI, FL 33155

SUBJECT: YACHT NAVIGATOR, LLC  
Ref. Number: L06000111451

We have received your document for YACHT NAVIGATOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a CORPORATION - INC. REFERS TO FLA. STATUTE 607, but your entity is a LIMITED LIABILITY COMPANY - LLC REFERS TO FLA. STATUTE 605. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 515A00018705



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2015

ROLANDO E. LEIVA, CPA, PA  
7400 SW 50 TERRACE, SUITE 302  
MIAMI, FL 33155

SUBJECT: YACHT NAVIGATOR, LLC  
Ref. Number: L06000111451

We have received your document for YACHT NAVIGATOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 915A00016051

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YACHT NAVIGATOR, LLC  
Name of Limited Liability Company

LETTER # 515A 000 18705

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLANDO E. LEIVA, CPA, PA

Name of Person

Firm/Company

7400 SW 50 TERRACE, SUITE 302

Address

MIAMI, FL 33155

City/State and Zip Code

ROLANDO @ LEIVA.COM

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

For further information concerning this matter, please call:

ROLANDO LEIVA, CPA

Name of Person

at ( 305 )

Area Code

663-1511

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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

YACHT NAVIGATOR, 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 NOV / 2008 and assigned  
Florida document number L 06000111451

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 contain 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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Add  
Remove  
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**FILED**

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

Blank lined area for amendments.

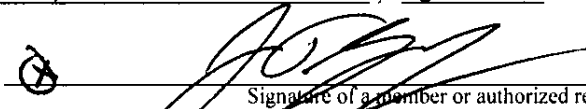
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 14, 2015



Signature of a member or authorized representative of a member

JAMES T. GRIFFIN - PRESIDENT

Typed or printed name of signee