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M. THOMAS

DEC 2 3 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Yacht	Sales Cafe LLC		
	(Name of Lin	tited Liability Company)	•
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jennie J. Crane		
		(Name of Person)	
	Yacht Sales Cafe LLC		D8 DEC 22 AM IN: 19 SECRETARY OF STATE TALLARIASSEE, FLORIDA
		(Firm/Company)	電 名 豊
	PO Box 1956		
		(Address)	F.S.
	St. Petersburg, FL 3373	I	A DELLE
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Jennie J. Crane		at (727) 388-5881	
(Name	of Person)	(Area Code & Daytime T	elephone 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 Sales Cafe LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorrida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liabil	ity Company were filed on 9/23/2008	and assigned
Florida document number LO8000090423	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
		700
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the design	程 22
Enter new principal offices address, if applicable	:	- THE SECOND SEC
<u>(Principal office address MUST BE A STREET Al</u>	DDRESS)	
		TO THE TANK OF THE PARTY OF THE
Enter new mailing address, if applicable:		-
Mailing address MAY BE A POST OFFICE BOX	2	
Making duaress MAT BL AT OST OTTICE BOX		
		
B. If amending the registered agent and/or re		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:	(Futov Florida at	reat address)
	(Enter Florida street address)	
	, Flor	ida(Zip Code)
	(CIIY)	(Zip Coae)

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>	Address	Type of Action
member	David P. Sell	390 Alton Road Miami Beach, FL 33139	Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add 08 05 75 FemoveC 22
			Add Remove
···			Add Remove
D. If amen	ding any other information, enter chai	nge(s) here: (Attach additional sheets, if necessar	y.)
_			
	12/4	- A D	
Dated	Jonnie Signature of a memb	Cane	
	Jennie J.		

Page 2 of 2

Filing Fee: \$25.00