L0900036228

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





000278588510

11/04/15--01026--006 **25.00

NOV -4 PN 12: 03

N. Cumper: NOV - 0 2015

* COVER LETTER **

TO: Registration Section Division of Corporations
SUBJECT: Ocean Bue Yacht Sales, LLC 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:
JOSEPH A. Veni, JR. Name of Person
Ocean Blue Yackt Sales, LLC Firm/Company
841 SW Pine Tree LAne
Palm City, FL. 34990 dity/State and Zip Code
myplayaazul e yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPH A. Veni, JR. at May 979-2061 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

FILED

عويد ته

ARTICLES OF ORGANIZATION 2015 NOV -4 PM 12: 03

OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Ocean Blue	YARDA <	Schoo 1	TALLAHASSEE T.C	, ELUKIDA
(Name of the Limited	Libility Company a Florida Limited Liabi	s it now appears on	our records.)	
· ·		. 1	1	
The Articles of Organization for this Limited Liab		re filed on <u>4 1</u>	3 2009	and assigned
Florida document number LO90000	36228.			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability	company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability C	Company," the design	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicab	le: _			
(Principal office address MUST BE A STREET)	ADDRESS) _			
Enton none modified address if amiliables				
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	<u>/X)</u>			
	_			
B. If amending the registered agent and/or registered agent and/or the new registered offic		address on our	records, enter t	ne name of the new
registered agent and/or the new registered offic	e address here.			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida st	reet address	
		C'	, 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 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	JOSEPH A. Veni, J	ir. 841 SW Pine Tree LAN	De K Add
	(Palm Coty, Fc. 34990	Remove
		·	Change
		·-·	Add
			Remove
			Change
			🗖 Add
			Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			_ □ Remove
			Change

1	•				
			<u> </u>		
					
					——————————————————————————————————————
					TALLIANDE TO
			B111 18		NO -1 P
					PH 12: 03
					- 質 病 3
	-	. <u></u> .			
Note: If the date in	other than the date of a steed, the date must be specifiserted in this block does be date on the Department	not meet the applicable	date of filing or more than e statutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	ant to 605.0207 (3)(b) of be listed as the
the record specif) The 90th day	les a delayed effecti after the record is fi	ve date, but not a led.	n effective time, a	t 12:01 a.m. on th	e earlier of:
Dated	ember 2	2015			
1		of a member or authoriz	ed representative of a mer	nber	
	~ .5		prosoniant o or a mor		

Page 3 of 3

Filing Fee: \$25.00