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(Requestor's Name)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ro	55 YachT Sal	eslic	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	COUNTRE	Y Boss Name of Person	
	Ross Yac	Firm/Company	
	424 SKINNE	er Blyd. 501 Address	Tec
	Dunedin	Florida 34 City/State and Zip Code 05572chT53les to be used for future annual report notifi	698
	CYO556 YO	255 V 3 ChT 5 3 les o be used for future annual report notifi	5-COM cation)
For further information of	concerning this matter, please ca	all:	
Courty	Person Ross	at (<u>327</u>) <u>709/</u> Area Code Daytime	092 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

	Ross YachT Sales 11c
-	(Name of the Limited Liability Company as it now appears on our records.)
	(A Florida Limited Liability Company)

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company were filed on	2009 and assigned
Florida document number <u>L 09000043927</u>	
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	C" 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)	
	AC 19
D 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	5 5
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	ls. enter the name of the new
	SE A
Name of New Registered Agent:	
Name of New Registered Agent.	Pr)
New Registered Office Address:	
Enter Florida street addre	8.5

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.

City

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> <u>Address</u> Type of Action COUTTNEY D BOSS 4245 lineer Blvd Suite C Duned INGI Add MGR

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MGR	Richard # Gratirena	
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11 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>ote:</u> I	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited _	September 19. 2019
	September 19. 2019 Coerting D Ross MCR Signature of a member or nuthorized representative of a member
	Courtney D Ross Typed or printed name of signer

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Filing Fee: \$25.00