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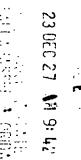
(Requestor's Name)	—
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
9. HORNE JAN 19 2024	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: El	Sium Yacht	Sales LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alex	D. Rowe	
	Elysiu	M Yach + S	Sales LLC
	4436 Ga	rcia Aue	············
	Sarasota Yachts 1 E-mail address: 11	City/State and Zip Code O I Cloyd, o be used for future annual report not	Com ilication)
For further information co	oncerning this matter, please ca	all:	
AlexD	ROW-E	at (<u>941</u>) <u>376</u> Area Code Daytin	- 2208 ne Telephone Number
Enclosed is a check for th	e 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

.ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elysiam rac	ht Sa Liability Compa	ny as it now appears on o	our records.)	<u> </u>
				Px By
The Articles of Organization for this Limited Lial	bility Company	were filed on(of	18/2009	and assigned
Piorida document number	<u> </u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t			.	
Elysium Yachts and The new name must be distinguishable and contain the wor	rds "Limited Liabili	er - Sport ity Company, the designa	S LLC ition "LLC" or the abbra	eviation "L.L.C."
Enter new principal offices address, if applical	ble:	Same		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		Same	***	
(Mailing address MAY BE A POST OFFICE B	<i>ΟX</i>)			
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our record	ls, <u>enter the name (</u>	of the new registered
	" •			
Name of New Registered Agent:	Samo			
New Registered Office Address:	Sum	c		
		Enter Florida str		
			Florida	Zip Code
		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
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
		 -	□Remove
		······	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

			□Remove
			□ Change

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(If an effect Note: If	e date, if other than the date of filing:
he record ord is file	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 d.
Dated	December 20. 2023.
	orignature of a member or authorized representative of a member
	, ^