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## **COVER LETTER**

TO: Registration S Division of Co			
Elysium Y	acht Sales and Power-Sports LL	С	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Alex Donovan Rowe		
		Name of Person	
	Elysium Yacht Sales and Po	ower-Sports LLC	
		Firm/Company	<del></del>
	4436 Garcia Ave.		
	<del></del>	Address	· · · · · ·
	Sarasota, Fl. 34233		
	Yachts I @Icloud.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please ca	all:	
Alex Donovan Rowe		941 376-2208	
Name	of Person	at ()	me 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 Addr	<del></del>	Street Address:	
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elysium Yacht Sales and Power-Si	oorts			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I  Florida document number 1.09000059374		were filed on 06-18-2009	9	_ and assigned
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company here:		
Elysium Yacht Sales LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SAME	· · · · · · · · · · · · · · · · · · ·	202
		<del> </del>	, ·-	<u> </u>
				(B)
Enter new mailing address, if applicable:		SAME		2 P C
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
			. = :	9
3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	• •	address on our records.	enter the name o	of the new regi
	NA			
New Registered Office Address:	<del> </del>	Enter Florida stree	t address	
			Florida	
		City		Zin 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 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>	Name	Address	Type of Action
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Tective date, if other than the an effective date is listed, the date mu	e date of filing: _ st be specific and car	nnot be prior to d	ate of filing or more	than 90 days after fi	nal) ling.) Pursuant to 605.021
ote: If the date inserted in this becament's effective date on the I	lock does not mee	t the applicable			
reditione 3 effective date on the 1.	repartment of State	o s records.			
record specifies a delayed effecti is filed.	e date, but not an	effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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January 30 ated		2024			
11		$\overline{\Omega}$		.1.	
/ // // ^ : \		17.	Λ	1/1/0	M/1
- can	Signature of a men	aber or authorize	ed representative of	a member	<u> </u>