

W09000064155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. CLINE

FEB 16 2010

EXAMINER

W09-64155

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 15 AM 10:55

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Y Jetski, 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:

Kostyantyn Sokol
Name of Person

Y Jetski
Firm/Company

10275 Collins Ave #212
Address

Bal Harbour, FL 33154
City/State and Zip Code

y@yjetski.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kostyantyn Sokol
Name of Person

at (305) 397-8140

Area Code & Daytime 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 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

2010 FEB 15 AM 10:55
TALLAHASSEE
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Y Jet Ski, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7-2-09 and assigned
Florida document number 169-64155.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7601 E Treasure Dr., CU9
North Bay Village, FL 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7601 E Treasure Dr., CU9
North Bay Village, FL 33141

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Yuliya Khazak

New Registered Office Address:

7601 E Treasure Dr. CU9

Enter Florida street address

N Bay Village

Florida

33141

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Yuliya Khazak	7601 E Treasure Dr. CUB N. Bay Village Dr., FL 33141	<input checked="" type="checkbox"/> Add
MGRM	Kostyantyn Sokol	7601 E Treasure Dr. CUB N. Bay Village Dr., FL 33141	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

02/11/2010

Signature of a member or authorized representative of a member

Kostyantyn Sokol

Typed or printed name of signee

2010 FEB 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA