L-09000084227

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COVER LETTER

TO: Registration S Division of Co	Section orporations	eren Anne		
SUBJECT:		an Yachting LLC		
		ited Liability Company	 	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Luke Hammond		
		Name of Person		
Blue Ocean Yachting LLC				
		Firm/Company		
	757 SE 17th ST, #768			
		Address		
	For	t Lauderdale, FL 33316		
		City/State and Zip Code		
	luke@ E-mail address: (BlueOceanYachting.com to be used for future annual report no	tification)	
For further information	concerning this matter, please of	call:		
Lu	ke Hammond	at (954)	6635492	
Name	of Person ,	Area Code & Dayt	ime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	Section 1 Section 2 Sectio	
MAILING ADDRESS: Registration Section		Registration Sec		
Divis	ion of Corporations	Division of Corr	orations	

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2018 OCT 19 AM 10: 29

SECRE FARY OF STATE (Name of the Limited Liability Company as it now appears on our records ALEAHASSEE FLORIDA

(A Florida Limited Liability Company) Blue Ocean Yachting LLC 10/27/20#0 The Articles of Organization for this Limited Liability Company were filed on and assigned L09000084227 Florida document number ___ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Austin Devnew	417 SW 5th St	Add
		Fort Lauderdale FL 33315	₹ Remove
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			Add Remove
			Add Remove
			Add Remove
 			AddRemove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if nece	essary.)
- - -		·	ZINDCT 19 AM P
Dated	15 October	.,	RY OF STARTE
	Signature of	a member or authorized representative of a member	
		Luke M Hammond Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00