## L0900011730

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VOID See 03/20/24 Statement of Fact





A. BUTLER

→ FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00 Andto AUTHORIZATION SIGNATURE: L09000111730 Imperial Yacht Master Call Center LLC **BUSINESS** (Name) Document # Walk in Pick up time Mail out Will wait Photocopy Certified Copy of Articles Certificate of Status **NEW FILINGS AMENDMENTS** Profit X Amendment Resignation Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Merger Other CORP Conversion **REGISTERATION/QUALIFICATIONS OTHER FILINGS** Annual Report Limited Partnership Reinstatement Fictitious Name APOSTIL ( ) Other Country

EXAMINER'S INITIALS:\_\_\_\_\_

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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: IMPERIAL VACH+ MASter Call Center LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard ImPERIALYACHt MAster callcenter LLC 3535 GALL Grean Drive Landerdale FL 33308 12 ard 3030 9 Mail. CCM

For further information concerning this matter, please call:

at (<u>904</u>) <u>3769763</u> Area Code Daytime Telephone Number Michael Pellard

Enclosed is a check for the following amount:



S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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

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ARTICLES OF AM	ENDMENT
ТО	
ARTICLES OF ORG OF	FILED
Imperial YACHT	MASter Call Certervio: \$71C
The Articles of Organization for this Limited Liability Company were	filed on and assigned
Florida document number L090001117.30	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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 addreases agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
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 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
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		fort Landerdake fl 33308	🗆 Remove
			DChange
AMBR	Michael Pollat	VIQ GALTA 37-8	Add
		-16121 GENDVA,C	EllRemove
			Change
1	Michael Pollard	VIA DON-GTO VAN	-
		Verita 2-16158	
		GENOVA,E	<b>⊃</b> 上 □Change
- <u>+</u>			🗆 Add
			🖸 Remove
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			🗆 Change
		······································	🗆 Add
			🗆 Remove
			🗆 Change

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

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LAF	Dateing trust	
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Note: If the	date, if other than the date of filing: <u>MUV 142023</u> (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	207 (3)(b) as the
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	hc
Dated		
	Ne PresDem OWNEL Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member MiChael Pellard Owner/ F Typed or printed name of signee	repus
	Typed or printed name of signee	

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AFFIDAVIT OF SUCCESSO
Recorded 09/16/2020 at 64.40 PM Rachel M. Sadoff Clien of Courts, Brevard County
STATE OF <u>florida</u> COUNTY OF <u>Brevar</u> P
I. AFFIANT. I. MichaelPollad ("Affiant"), being duly sworn, deposes and states under penalty of perjury that the foregoing is true and correct.
II. TRUST. The Trust is known as TmperiAL YACHI Master Call center LLC a.) Type. The Trust is considered: (check one)
<b>X</b> - Irrevocable b.) <u>Date</u> . The Trust was signed on $11 - 20$ , 20 <u>09</u> . c.) <u>Tax ID Number</u> . <u>27-1350254</u> (if any)
III. SETTLOR(S). William Pollard ("Settlor(s)") with a mailing address of 4805 NCOUNTEDAY Pland, Merritt Island, fl 32953
IV. PREVIOUS TRUSTEE(S). <u>Skroder Lars</u> ("Previous Trustee(s)") with a mailing address of <u>3535</u> galtocean Drive, fDrt Landerdale. fL 33308
V. SUCCESSOR TRUSTEE(S). Michael Pollard ("Successor Trustee(s)") with a mailing address of 4830 Arip Are H2065 Las regas nr89115
The Successor Trustee(s) recognize they are currently acting on behalf of the Trust. The Trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect. $y \in S$
The Successor Trustee(s) understand that they may be required to provide copies of excerpts from the original Trust pertaining to the succession of the Successor Trustee(s). $V - S$
VI. AUTHORITY. The authority to act on behalf of the Trust requires: (check one)
P-One (1) Successor Trustee to sign.

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VIII. REAL ESTATE. The Trust includes: (initial one)

□ - No real estate. • Real estate with a legal description of: 3535 Galt OCean. Drive Fort Lawderdale fL IX. EXECUTION. I, the Affiant, declare that this certificate has been examined by me 33308 and its contents are true and correct. yes

Affiant's Signature: A Part Date: 8-14-23 Print Name: Michael Pollard

## NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Nevada County of <u>Clark</u>

On <u>August 14</u>, 2023, before me, <u>Stephen Franklin</u> (insert name and title of the officer), personally appeared Michael Pallard, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.