

LO900011730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

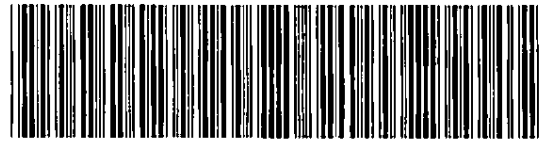
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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VOID

See 03/20/24 Statement of Fact

FILED  
2023 NOV 17 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 NOV 17 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. BUTLER

NOV 20 2023



**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ImPERIAL YAcHt MAster call center 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:

Michael Pollard  
Name of Person

ImPERIAL YAcHt MAster call center LLC  
Firm/Company

3535 GAlt Ocean Drive  
Address

fort Lauderdale FL 33308  
City/State and Zip Code

miKe Pollard 3030 gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 376 9763  
Name of Person 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 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

FILED

Imperial Yacht Master call center LLC 2008 NOV 17 AM 10:47 LC  
(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 ~~08-20-2009~~ and assigned Florida document number LO900011730

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 contain 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 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



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

up Datering trust

E. Effective date, if other than the date of filing: Nov 14 2023 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Nov 14-2023

[Signature] President/owner  
Signature of a member or authorized representative of a member

Michael Pellard owner/President  
Typed or printed name of signee

2

# AFFIDAVIT OF SUCCESSOR TRUSTEE

CFR 2023199102 OR BK 9889 PAGE 1195  
Recorded 09:18/2020 at 6440 PM Rachel M. Sadoff  
Clerk of Courts Brevard County  
# Pgs 2

STATE OF florida  
COUNTY OF Brevard

I. **AFFIANT.** I, Michael Pollard ("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 Imperial Yacht Master call center LLC ("Trust").

a.) Type. The Trust is considered: (check one)

- Revocable

- Irrevocable

b.) Date. The Trust was signed on 11-20, 2009.

c.) Tax ID Number. 27-1350254 (if any)

III. **SETTLOR(S).** William Pollard ("Settlor(s)") with a mailing address of 4805 N Courtenay Pkwy, Merritt Island, FL 32953

IV. **PREVIOUS TRUSTEE(S).** Sikroder Lars ("Previous Trustee(s)") with a mailing address of 3535 Galt Ocean Drive, Fort Lauderdale, FL 33308

V. **SUCCESSOR TRUSTEE(S).** Michael Pollard ("Successor Trustee(s)") with a mailing address of 4830 Arid Ave #2065 Las Vegas NV 89115

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. yes

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). yes

VI. **AUTHORITY.** The authority to act on behalf of the Trust requires: (check one)

- One (1) Successor Trustee to sign.

2022 NOV 17  
FILE

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

- No real estate.

- Real estate with a legal description of: 3535 Galt Ocean Drive  
Fort Lauderdale FL  
33308

**IX. EXECUTION.** I, the Affiant, declare that this certificate has been examined by me yes and its contents are true and correct.

Affiant's Signature: [Signature] 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 Clark

On August 14, 2023, before me, Stephen Franklin  
(insert name and title of the officer), personally appeared Michael Pollard, 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.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.