110000097019

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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10 OCT 26 AM MIN 52

SALLAHASSEE, FINAIE

D. BRUCE

OCT 27 2010

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	ECT:	81 Y/	ACHTS LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
			NELSON PHILIPPE			
			Name of Person			
			81 YACHTS LLC			
			Firm/Company			
		161	CAPE FLORIDA DRIVE			
			Address			
		KEY	/ BISCAYNE, FL 33149			
			City/State and Zip Code			
		Fameti address: (to be used for future annual report notifi	(cation)	A 10	
Б. С			•	cation)	10 OCT 26 AH EURE JARY OF LLAHASSEE, F	*** Supara
ror tur	ther information co	ncerning this matter, please c	811;		T26	
	NELS	ON PHILIPPE		762-3168	English Para	
	Name of	Person	Area Code & Daytim	e Telephone Number	HH; FLOI	FILED
Enclos	ed is a check for the	e following amount:			SZ NDA	
□ \$25	5.00 Filing Fee	₹30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy		
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

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

,ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

81 YACH			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea .iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	09/16/2010	and assigned
Florida document numberL10000097019			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Comp	any," the designation "L	A
Enter new principal offices address, if applicable:	161 CAPE F	LORIDA DRIVE	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	KEY BISCA	YNE, FL 33149	AS 26
			me A
Enter new mailing address, if applicable:	161 CAPE F	LORIDA DRIVE	FLOW S
(Mailing address MAY BE A POST OFFICE BOX)	KEY BISCA	YNE, FL 33149	9 70
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	ne name of the new
	,		
New Registered Office Address:	E	nter Florida street addi	ress
		, Florida	7: 0 l
	Ciţy		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:

	Name	Address	Type of Action
_			

_			Add Remove
_			<u>—</u>
_			Add Remove
mend	ling any other information, enter ch	ange(s) here: (Attach additional sheets,	if necessary.)
			10 OCT 2
<u> </u>	Hober 19 . 2	.010	10 OCT 26 AM #4 52 TALLAHASSEE. FLORIDA

Page 2 of 2

Filing Fee: \$25.00

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

10 OCT 26 MM \$ 52