

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100002413783)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : J L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022 Phone : (305)666-0024 Fax Number : (305)666-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Helena P ilhepa.com

RECEIVED 10 NOV -5 AN 7: 56 SECRETARY OF STATE ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TALISA BOAT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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N. Culligan NOV

SECRETARY OF STATE DIVISION OF CORPORATION

H10000241378 13-NOV-5 AM 9: 3:

TO ARTICLES OF ORGANIZATION OF

| Talisa Boat, 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 November 4, 2010 and assigned Florida document number L10000115095 |
| 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 "LLC." |
| 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 |
| City , Morida |
| City Lip 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

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MGR - Manager

H100002413783

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:

MGRM = Managing Member Title Name <u>Address</u> Type of Action MGRM Philippe Touret 230 Harbor Drive ☐ Add Key Biscayne FI 7 Remove MGRM Saskia Galliano 230 Harbor Drive ✓ Add Key Biscayne, Ft. 33149 🔲 Ксикис Remove □ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 4 2010 Dated Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

Saskia Galliano
Typed or printed name of signee