L11000023378

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12 JUL -6 AM 8: 50 SECRETARY OF STATE

C. LEWIS

JUL - 9 2012

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		***	-edit
· 🕸			
SUBJECT:		any Yacht Managen	nent
·	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Paul Keeney	
		Name of Person	
	3	60 Yacht Care, LLC	
		Firm/Company	
	934 N.	University Drive, Suite	202
		Address	
	Co	ral Springs, FL 33071	
		City/State and Zip Code	
	F-mail address: (to	lkeeney@gmail.com o be used for future annual report	notification)
For further information co	oncerning this matter, please ca	-	
	aul Keeney	at (<u>561</u>)	866-5691
Name of	f Person	Area Code & D	aytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Keeney & Company Yacht Management, LLC

FILED

12 JUL -6 AM 8: 50

SECRETARY OF STATE

(<u>Name of the Limited</u> (A	<u>Liability Compa</u> Florida Limited I	ny as it now appears Liability Company)	s on our records.	AUAUSCE, PEUKIDA		
The Articles of Organization for this Limited Lia Florida document numberL11000023		were filed on	02/22/2011	and assigned		
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here	2:			
	360 Yacht C	Care, LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compar	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		934 N. University Drive, Suite 202				
(Principal office address MUST BE A STREET ADDRESS)		Coral Springs, FL 33071				
Enter new mailing address, if applicable:	934 N. University Drive, Suite 202					
(Mailing address MAY BE A POST OFFICE BOX)		Coral Springs, FL 33071				
B. If amending the registered agent and/o registered agent and/or the new registered off			ur records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	C	oral Springs	, Florida	33071		
				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 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 Title . <u>Name</u> Address **Type of Action** MGRM Paul Keeney 3700 Lancewood Place ☐ Add Remove Delray Beach, FL 33445 MGRM Paul Keeney 934 N. University Drive, Suite 202 🗹 Add Coral Springs, FL 33071 Remove ☐ Add Remove Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 3rd 2012 Dated_ Signature of a member or authorized representative of a member Paul Keeney Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00