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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DREAM YACHT SALES, 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:

BRUCE S. TRULIO, CFO

Name of Person

ANNAPOLIS BAY CHARTERS, INC.

Firm/Company

7080 BEMBE BEACH RD, STE 211

Address

ANNAPOLIS MD 21403

City/State and Zip Code

BRUCE@CORARC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE S. TRULIO, CFO

410 268-2308

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DREAM YACHT SALES, 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 06.24.2011 and assigned
Florida document number L11000073500.

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)

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TALLAHASSEE, FLORIDA

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

2 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FREDERICK S. FARQUHARSON	1005 POPLAR AVE	<input type="checkbox"/> Add
		ANNAPOLIS MD 21403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LOIC BONNET	7080 BEMBE BCH RD, STE 211	<input checked="" type="checkbox"/> Add
		ANNAPOLIS, MD 21403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BRUCE S. TRULIO	1042 AVON PLACE	<input type="checkbox"/> Add
		COCOA, FL 32922	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

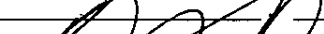
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SECRETARY
THE ASSISTANT

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MASSIE, FLORE
) Pursuant to 605.0207 ()
will not be listed as a

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.

Dated 12/12/2019


Signature of a member or authorized representative of a member

Bruce S. Trolio, Managing Member
Typed or printed name of signee