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COVER LETTER

TO: Registration S Division of Co	Section orporations	
SUBJECT:	Neapolitan Yacht Services, LLC Name of Limited Liability Company	
-	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Michell Durkin Name of Person	
	Name of Person	
·.	Neapolitan Yacht Services LCC Firm/Company	
	PD Box 1195 Address	
	NAPUS FL 34106 City/State and Zip Code	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	MICKELL DVKING COMCAST. DEF E-mail address: (to be used for future annual report notification)	I SEP 16 PM SEIN
For further information	concerning this matter, please call:	
Michele	in the second se	S S
Name	Area Code & Daytime Telephone r	vumoer
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	.00 Filing Fee, ertificate of Status & ertified Copy dditional 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**

Neadolitan Yacht Sea (Name of the Limited Liability Compa (A Florida Limited L	ruices, LLC
(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11 0000 9388 4</u> .	were filed on <u>August 15 2011</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and end with the words "Limi" L.L.C."	
Enter new principal offices address, if applicable:	201
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SSEE FLOR
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of 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:	Cuy Zip Code
sterest on signif a pignarul of it changing stegliteled (Settle	

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 **Address Type of Action** Name MGR CCM Boat Care, Inc. (S-corp) Remove ☐ Add ☐ Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

 				
				

Signature of a member or authorized representative of a member

Michell Ovrkin

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00