## L11000123910

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## **COVER LETTER**

CHRIE		AUTO TRANSPORT LLC		
SOLJEC	VI	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
	Page 1 Page 1 Page 2 Page 2 Page 3 Pa			
Name of Person				
		VARMAX AUTO TRAN	SPORT LLC	
			Firm/Company	
		300 S. 57TH TERRACE		
			Address	
		HOLLYWOOD, FLORID		
				manuscondersenant de dreis de la décid de de desilla Millande
			_	
		E-mail address: (	to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
LYUDM	IILA SAGDEEV	'A		
Name of Person			Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.9	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

**MAILING ADDRESS:** 

Registration Section
Division of Corporations P.O. Box 6327 Taliahassee, 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

VARMAX AUTO TRANSPORT LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as It now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/31/2011	and assign	ed
Florida document number L11000123910			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	nility company here:		
VARMAX YACHT CHARTERS, LLC.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:	4822 ADAMS ST		
Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FLORIDA 33021	78 2 <u>8</u>	****
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		12 C	がありませません 単名をかれた
Enter new mailing address, if applicable:	4822 ADAMS ST	35. ω 	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	HOLLYWOOD, FLORIDA 33021		1 1
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		\$ <b>6</b>	
<ol> <li>If amending the registered agent and/or registered of egistered agent and/or the new registered office address here</li> </ol>	ffice address on our records, <u>ente</u> <u>e</u> :	r the name of	the ne
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

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Remove
			Change
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			☐ Remove
			☐ Change
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Filing Fee: \$25.00