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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VARMAX YACHT CHARTERS, LLC

Certificate of Status	0
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Help

Registration Section

TO:

## SORSHER & ASSOCIATES

## **COVER LETTER**

Division of Cor	porations		
VARMAX SUBJECT:	YACHT CHARTERS, LLC		
	YACHT CHARTERS, LLC Name of Lim	ited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ELENA VARMAXIDIS		
		Nume of Person	
	VARMAX YACHT CHAI	RTERS, LLC	
		Firm/Company	······································
	6215 SW 56TH ST		
		Address	
	DAVIE, FI, 33314		
	4	City/State and Zip Code	
	varmaxidis@gmail.com	to be used for luture annual report notif	·
P. P. A. C. P. B.			teation)
For further information ed	oneerning this matter, please or	un:	
ELENA VARMAXIDIS		954 639-1914 at ()	
Name of	Person	at () Area Code Daytime	E Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filling Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed).	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclused)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VARMAX YACHT CHARTERS,	LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited L. Plorida document number £11000123910	iability Company	were filed on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	pility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		2020
Principal office address MUST BE A STREI	ET ADDRESS)		<del></del>
		***************************************	28
Enter new mailing address, if applicable:		6215 SW 56TH ST	%
Mailing address MAY BE A POST OFFICE	BOX)	DAVIE, FL 33314	77. Z. U
3. If amending the registered agent and/or:	registered office	address on our records, en	ter the name of the new registe
ngent and/or the new registered office addre			
Name of New Registered Agent:	ELENA VAR	MAXIDIS	
New Registered Office Address:	6215 SW 56TI		
		Enter Florida street ad	dress
	DAVIE		, Florida <sup>33314</sup> Zip Code
		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.

Elana Varmaxidis

If Changing Registered Agent, Signature of New Registered Agent

420 00 03 747 313

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>	Address	Type of Action
MGRM	ELENA VARMAXIDIS	6215 SW 56TH ST	<b>=</b> Add
		DAVIE, F1. 33314	🗆 Remove
			Change
MGRM	ANGELOS VARMAXIDIS	6215 SW 56TH ST	= Add
		DAVIE, FL 33314	Remove
MGRM	SAGDEEVA, LYUDMILA	6215 SW 56st 201	28
		Davic, FL 33314	Add ☐
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Tective date, if other than the	des of files.	(optional)	
m effective date is listed, the date mus	be specific and cannot be prior to date of filing or	more than 90 days after filing.)	Pursuant to 605.020
ote: If the date inserted in this blocking the Document's effective date on the Do	ock does not meet the applicable statutory in	ing requirements, this date v	AIII HOI DE HRIEN 4
	•		
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m	a, on the earlier of: (b) The	90th day after the
10/28	2020		
ated			
ated	Clena Varmaxidis Signature of a member or authorized representation	ive of a member	

4 200003747813

Filing Fee: \$25.00