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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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FILEU 2022 MAY 17 AM 9: 02 SECRETARY OF STATE

COVER LETTER

TO:

| | gistration Sec vision of Cor | | , | |
|------------------------|---|--|---|--|
| enn mær. | | NEW YACHTS LLC | | • |
| SUBJECT: | <u> </u> | Name of Lim | ited Liability Company | |
| The enclose | d Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | n all correspo | ndence concerning this matter | to the following: | |
| | | Adam Marshall, Esquire | | |
| | | | Name of Person | |
| | | Lorium PLLC | | |
| | | | Firm/Company | |
| | | 197 South Federal Highwa | y, Suite 200 | |
| | | | Address | |
| | | Boca Raton, FL 33432 | | |
| | | | City/State and Zip Code | |
| | | jyoung@loriumlaw.com | | |
| | | E-mail address: (| to be used for future annual report no | otification) |
| For further | information co | oncerning this matter, please ca | all: | |
| Adam Marshall, Esquire | | | 561 361-1000 | |
| | Name of Person Area Code Daytime Telephone Number | | me Telephone Number | |
| Enclosed is | a check for th | ne following amount: | | |
| \$25.00 | Filing Fee | □ \$30.00 Filing 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 enclosed) |
| | ailing Addres | | Street Address: Registration S | ection |
| | | orporations | Division of Co | orporations |
| | O. Box 632 Illahassee, I | | The Centre of 2415 N. Monr | rallanassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 17 AM 9= 02

DENISON NEW YACHTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE.FL

| The Articles of Organization for this Limited Liability Company v | vere filed on 1 | 1/04/2011 | | _ and assigned |
|---|------------------------------|--------------------|-------------------|--------------------|
| Florida document number L11000125964 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company h | ere: | | |
| DNY OLD, LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the | designation " | LLC" or the abbre | viation "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) | | | | |
| | | <u>.</u> | | |
| B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: | ldress on our | records, <u>en</u> | iter the name o | f the new register |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| Tyen registered office reduces. | Enter Florida street address | | | |
| | | | Florida | |
| | City | | , 1 101 lda | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p | | | - | |

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, If an effective date | , if other than the is listed, the date mu | date of fillr st be specific ar | ng: nd cannot be pri | or to date of fill | ng or more than | optioi (optioi 90 days after f | 121) iling.) Pursuant | to 605.02 |
| | te inserted in this bi ective date on the D | | | | ry filing requi | rements, this | date will not b | e listed |
| | | | | | | | | |
| e record specifie rd is filed. | es a delayed effectiv | /e date, but no | ot an effective | time, at 12:0 | l a.m. on the | earlier of: (b) | The 90th da | y after th |
| Dated May 10 | | | 2022 | | | | | |
| 1 2533 6767 | | | . , | · | | | | |

Filing Fee: \$25.00

Typed or printed name of signee