

L12000046656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

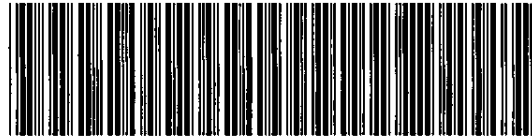
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 25 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 26 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Yatch Brasil LLC

SUBJECT: _____
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:

Werner Macedo

Name of Person

Yatch Brasil LLC

Firm/Company

5401 S Kirkman Road #310

Address

Orlando FL 32819

City/State and Zip Code

wernermacedo@gmail.com

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

For further information concerning this matter, please call:

Werner Macedo

Name of Person

at (954)

205-1300

Area Code & Daytime Telephone Number

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Enclosed is a check for the 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)

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**

Yatch Brasil LLC

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

04/04/2012

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L12000046656

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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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:

N/A

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 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.

N/A

If Changing Registered Agent, **Signature of New Registered Agent**

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

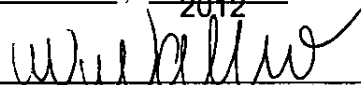
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wagner Nolasco	5401 S Kirkman Road #310 Orlando FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Yatch Brasil LLC wishes to remove Wagner Nolasco Address: 5401 S Kirkman Road #310 Orlando FL 32819 as a manager since he is not involved with the business.

Dated October 19, 2012

X 

Signature of a member or authorized representative of a member

Werner Macedo
Typed Name of Signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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