L12000050341

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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2014 JUN 23 AM II: 35 SECRETARY OF STATE

N. Gulligan JUN, 22, TOM

COVER LETTER

TO:

Registration Section
Division of Corporations

Blue Yonder Yacht Services LLC

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:

Paran Hopkins

Name of Person

Blue Yonder Yacht Services ELC

Firm/Company

1500 SE 15th St. Unit 317

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

blueyonderyachtservices@gmail.com

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

For further information concerning this matter, please call:

Paran Hopkins

_{at} (401

9962272

Name of Person

Area Code

Daytime Telephone Number

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

FILED

2014 JUN 23 AM 11: 35

SECIETARY OF STATE TALLAHASSEF, FLORIDA

Blue Yonder Yacht Services		
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our record rida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Florida document number L12000050341	y Company were filed on April 13, 201	2 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the words	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
		····
B. If amending the registered agent and/or rep		s, enter the name of the new
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office / Radioss.	Enter Florida street addres	s
	E1	orida
	City , Fi	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Andrea Gray McDonald	8 Cranston Ave.	Add
		Newport, RI 02840	□ Remove
			□ Add
			☐ Remove
			□ Remove
			□ Add
			□ Remove
			□ Add
			Remove
			□ Remove

D. If amending any other information, enter change(s) here: (Att	tach additional sheets, if necessary.)
<u>,,</u>	
The effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	e and cannot be more than 90 days after
Dated May 31st , 2014	
Signature of a member or authorized r	epresentative of a member
Paran Hopkins	
Typed or printed name	ofsionee

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Filing Fee: \$25.00

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SECRETARY OF STATE