# 113000033449

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
AND ANASSEE, FLORID.

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T. HAMPICIA

# COVER LETTER

	ivision of Cor				
SUBJECT			C - Change of Managing Members		
SOBJECT	•	Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Amelia Speth, Managing M			
			Name of Person		
		Mega Yacht Services Inter	Mega Yacht Services International, LLC		
			Firm/Company		
		135 Jenkins St, Suite 105B-320			
			Address		
		St. Augustine, FL 32086	City/State and Zip Code	<u> Service</u>	
	•				
		Amy.Speth@Yahoo.com	to be used for future annual report notifica	ntian)	
For further	information c	oncerning this matter, please ca			
Amelia Sp	eth		561 629-4372		
	Name o	f Person	at ()	elephone Number	
Enclosed i	s 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	
*		,			

### 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

Mega Yacht Services International,			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Li Florida document number L13000033449		were filed on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
N/A			Do is
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbuviation CL L.C.
Enter new principal offices address, if applic	able:	N/A	III - manua
(Principal office address MUST BE A STREE	TADDRESS)		SKIT I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N//A	3: 09 FLORIDA
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			cords, <u>enter the name of the ne</u>
New Registered Office Address:		Enter Florida street a	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Allen Ochsner	135 Jenkins St, Suite 105B-320	
		St. Augustine, FL 32086	Remove
			Change
MGR	Chelsea Anne Speth	135 Jenkins St., Suite 105B-320	∃ Add
		St. Augustine, FL 32086	Remove
			☐ Change
			Remove
		•	☐ Change
			ALL DRemove
			ARY OF STAR
			Remove
			Change
			□ Add
		THE REAL PROPERTY OF THE PARTY	□ Remove
			□ Change

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Filing Fee: \$25.00