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(Requestor's Name) (Address) (Address)	100316653741
(City/State/Zip/Phone #)	06/13/1801030031 ++25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	18 AUG 13 PM
Office Use Only	PHIZ: 12
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

· - .

LUXURY BOATS, 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:

YOSI GIL

Name of Person

LUXURY BOATS, LLC

Firm/Company

17555 COLLINS AVE, #4101

Address

SUNNY ISLES BEACH, FL. 33160

City/State and Zip Code

yosigil28@gmail.com

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

For further information concerning this matter, please call:

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

(<u>Name of the Limited Liability Company</u> (A Florida Limited Liability)	<u>as it now appears on our records</u> sility Company)	<u></u>)
The Articles of Organization for this Limited Liability Company we Florida document numberL13000081765 This amendment is submitted to amend the following:	ere filed on06/06/20	and assigned
A. If amending name, enter the new name of the limited liabilit	<u>v company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
		UG CRE
		I 3
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		MI S S S S S S S S S S S S S S S S S S S
		12 10005

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	······································		
New Registered Office Address:	Enter Florida str	ant addraw	
	Liner Tiorida sir	eer aaaress	
		, 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

.

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LAWRENCE PERL	3126 Coral Way	Add
		Miami, Fl. 33145	😑 Remove
			Change
MGR	YOSI GIL	17555 Collins Ave #4101	📕 Add
		Sunny Isles beach, FL. 33160	Remove
			Change
MGR	GUY GIL	17555 Collins Ave #4101	⊟ Add
		Sunny Isles beach, FL. 33160	Remove
			Change
			🖸 Add
			Remove
			Change
			🗆 Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	august 7th 2018
	Signature of a member of authorized representative of a member
	LAWRENCE PERL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00