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(Re	equestor's Name)		
(Ad	ddress)		
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(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	YACHT	PRO SOLUTIONS ited Liability Company	<u>, 41</u> C
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	AND	ROW TUHAN	
-	Yacu.	Name of Person The Soutions Firm/Company	LC
		SW 15TH TEX	
	FORT	City/State and Zip Code	33312
_	INFO Q YA	City/State and Zip Code HHT PRO SOLUTIONS. to be used for future annual report notific	Comation)
For further information conce	erning this matter, please ca	all:	
	N THAN	at (<u>954</u>) <u>648</u> C	824
Name of Per	son	Area Code Daytime	Felephone Number
Enclosed is a check for the fo	ollowing 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

YACHT	Pro Soli	MONS	LLC		
(Name of the Limited L (A F					
The Articles of Organization for this Limited Liabil Florida document numberL130001423	lity Company were	filed on OCTO	SER 901, 7	013 and assi	igned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability o	company here:			
The new name must be distinguishable and contain the words	"Limited Liability Co	mpany," the design	ation "LLC" or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applicable	e:			<u> </u>	
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u>x</u>				
		<u>. </u>		•	
B. If amending the registered agent and/or registered agent and/or the new registered office		address on ou	r records, <u>ent</u>	er the name	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of New Registered Agent:				25 Z	- properties at
New Registered Office Address:				STED SYSTED	ir turq i
		Enter Florida s	treet address Florida	HIO:	iTi D
_	(City	, FIVI IUA _	P:-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>	<u>Address</u>	Type of Action
MGRM	TERRA TUHAN	1530 SW 15TH TER	Add
		1530 SW 15TH TER Ft. LAUDERDINE FL 3	3312 Remove
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n effective date is listed, the date must be specific a size: If the date inserted in this block does not	nd cannot be pri	or to date of fil	ng or more than	90 days after f	iling.) Purs	uant to 6 sot be li	05.02 sted
cument's effective date on the Department of							
record specifies a delayed effective	date, but n	ot an effec	tive time, a	at 12:01 a.	m. on tl	ne ear	lier
The 90th day after the record is filed							
ted NOVEMBER 6TH	201	5					
	· ////						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00