## 113000164453

(Re	equestor's Name)	·
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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CRETAKY OF STATE

S. WARREN SEP 0 5 2017

## **COVER LETTER**

то:	Registration Sec Division of Corp			
cupir		URGO YACHT MANAGEM	ENT. LLC	
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Niko Blandeburgo		
			Name of Person	<del></del>
		Blandeburgo Yacht Manaş	gement	
			Firm/Company	<u></u>
		1750 N bayshore dr		
		<del></del>	Address	
		Miami FL 33132		
		-	City/State and Zip Code	<del></del>
		Njb102@aol.com	to be used for future annual report notif	Instina
For furt	her information co	oncerning this matter, please co		(Catton)
Niko B	llandeburgo		386 9867779 at ( )	
at ()		Telephone Number		
Enclose	ed is a check for th	e following amount:		
■ \$25	5.00 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

SLANDEBURGO YACHT MANAGEMI		<del></del>
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Torida document number <u>L13000164453</u>		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abl	breviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	-	
s. If amending the registered agent and/or reg egistered agent and/or the new registered office ac		the name of the
Name of New Registered Agent:		
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 605, F.S. Or If this &cument 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:

: 1

MGR = Manager ,

**AMBR** = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RON SHELTON	1635 N bayshore dr	□ Add
		Miami FL 33132	■ Remove
			□ Change
			☐ Remove
			□ Change
	<del></del>	<del>.</del>	
			C Remove
		<del></del>	Change
	<del></del>		
		<del> </del>	Remove
		<del></del>	Change
			☐ Remove
			17 Mange FILL MASSE
			AH 11 Remove 20
			□ Change

If amending any other information, enter change(s) ho	ere: (Attach adaitional she	ets, if necessary.)	
		1	
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			<u>.                                    </u>
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be pri  Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	ior to date of filing or more than 9 licable statutory filing require	( <b>optional</b> ) 20 days after filing.) Pr ements, this date wil	irsuant to 605.0207 If not be listed as
ne record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time, at	: 12:01 a.m. on	the earlier of
08/29/17			17
Dated	DA		SEP
	110/-	A SSE	
	<del>7.(,20/,</del>		
Signature of a member or au	thorized representative of a men	iber PO	A D

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Filing Fee: \$25.00