

L13000171772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

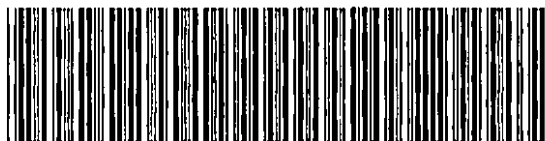
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name know

Office Use Only



900356199249

12/14/20--01016--023 **25.00

2021 FEB 16 AM 10:47

RECEIVED

O SIMMONS
FEB 17 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2021

CHRISTINA PAPADOPOULOU
1255 BISCAYNE BLVD
#490
N MIAMI, FL 33181

SUBJECT: ABSOLUTE YACHTING, LLC
Ref. Number: L13000171772

We have received your document for ABSOLUTE YACHTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L08000072066.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 821A00001968

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Yachting LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Attn: Ms. Simmons

Please return all correspondence concerning this matter to the following:

Luisa Sanchez

Name of Person

LS Accounting & Tax Services

Firm/Company

16831 NE 15th Ave

Address

North Miami Beach, FL 33162

City/State and Zip Code

christinayachts@gmail.com

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

For further information concerning this matter, please call:

Luisa Sanchez

305

205-4203

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

FEB 16 2021

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 FEB 16 AM 10:47

Absolute Yachting LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/12/2013 and assigned
Florida document number L13000171772.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Christina Papadopoulos Yachting LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 FEB 16 AM 10:47

SECRET
DATE 10/20/21

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 11, 2021

X 

Signature of a member or authorized representative of a member

Christina Papadopoulos

Typed or printed name of signee

Filing Fee: \$25.00