## # 14000001287

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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Certified Copies	_ Certificates	of Status
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2014 JAN 13 PM 4:57

SECRETARY OF STATE

K.SALY EXAMINER JAN 1 6 2014

## **COVER LETTER**

ivisior	of Corporations		
SUBJECT:	Yuka \	/achts America, LLC	
	Name of	Limited Liability Company	
The enclosed Art	icles of Amendment and fee	e(s) are submitted for filing.	
Please return all	correspondence concerning	this matter to the following:	
	,	Wayne Helms	
		Name of Person	
	Yuka \	/achts America, LLC	
	2251 NIA	/ 33rd Street, Suite 512	
	2331 NVV	Address	
		and Park, FL 33309	
	Ci	ty/State and Zip Code	
	mail address: (to be	used for future annual report notificat	lon
For further information	n concerning this matter, pl	ease call:	
Brer	nda Helms	at ( 318 ) 680	6-0099
Nan	ne of Person	Area Code	Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	ED
. 000	
TALLAHASSEE.	FSTATE FLORID

Yuka Yachts America, 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 _	January 3, 2014 and assigned
Florida document number L1400001287	·•	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company	<u>here</u>
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del>,</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office a	ered office address on ou	
Name of New Registered Agent:		and the state of t
New Registered Office Address:		
		Enter Florida street address
<u> </u>		, 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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** Address Type of Action Name **MGRM** Onur Ozgey Caddebostan Mah. Mehtap Sk Burcak Apt. No: 18/3 \_\_\_\_\_ 🔀 Remove Kadikoy, Istanbul, Turkey Caddebostan Mah. Mehtap Sk **AMBR** Onur Ozgey X Add Burcak Apt. No: 18/3 Kadikoy, Istanbul, Turkey ☐ Remove ☐ Add ☐ Add Remove ☐ Add ☐ Remove

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. Effective da	te, if other than the date of filing:	January 1, 2014	(optional)
	te, if other than the date of filing:		<u> </u>
	·		<u> </u>
n effective date	is listed, the date must be specific and ca	nnot be more than 90 days after f	<u> </u>
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n effective date	is listed, the date must be specific and ca	nnot be more than 90 days after f	<u> </u>

Page 3 of 3

Filing Fee: \$25.00