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Division of Corporations

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From:

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Account Number : I20060000141 Phone

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MIAMI YACHT SOLUTIONS LLC

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T. HAMPPEN

COVER LETTER

TO:		ation Section of Corpor		
SUBJI	M. M	IIAMI	YACHT \$	SOLUTIONS LLC
SUBJI	LC1:		Name	of Limited Liability Company
The en	closed Art	icles of Am	endment and fee(s)	are submitted for filing.
Please	return all	corresponde	ence concerning this	matter to the following:
			ANIBAL (QUINTAO
				Name of Person
				Firm/Company
			3927 N F	EDERAL HWY
				Address
			POMPAN	O BEACH FL - 33064
		!	EACLIENTS@	City/State and Zip Code DGMAIL.COM
		-	E-mail ad	dress: (to be used for future annual report notification)
For fur	ther infor	mation conc	erning this matter, pl	case call:
ΑN	IBAL	_QUI	NTAO	# ₁ 954 7887400
-		Name of Pe	rson	Area Code Daytime Telephone Number
Enclos	ed is a che	ck for the f	ollowing amount:	
■ \$2	5.00 Filing	g Foe	□ \$30.00 Filing Fee Certificate of Ste	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			on Section f Corporations 5327	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**

MIAMI YACHT SOLUTIONS LLC
(Name of the Limited Limbility Company as it now appears on our records.)

	(A Florida Limited L	liability Company)	j
The Articles of Organization for this Limited I. Florida document number L1400004255	iability Company v	were filed on <u>03/13/2014</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	
The new name must be distinguishable and end with the	words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.I.C."
Enter new principal offices address, if appli		8568 NW 93RD ST	
(Principal office address MUST BE A STREE	ET ADDRESS)	MIAMI, FL 33166	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	/or registered of		s, enter the name of the new
New Registered Office Address:			
		Enter Florida street addres	is I
		, Fl	prida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	per and complete j istered agent as p registered office (performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	If Chang	ging Registered Agent, Signature	of New Registered Agent
	Page 1	of 3	

If amending to	he Managers or Authorized M tember being added or remove	ember on our records, enter the title, name, and address of each Manager or d from our records:
MGR = Mar AMBR = Aut	nager thorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	SEA PORT BOATS, CORP	15801 BISCAYNE BLVD # 201
		N. MIAMI BEACH, FL 33 160
AMBR	KAROL DE PAULA DECOR, CORP	15801 BISCAYNE BLVD # 201
		N. MIAMI BEACH, FL 33160
AMBR	MIAMI PARTS VOLVO PENTA, CO	15801 BISCAYNE BLVD # 201
		N. MIAMI BEACH, FL 33160
MGR	PAULO E. ASSUNCAO	8568 NW 93RD ST
		MIAMI, FL 33166
MGR	ANDERSON V. STERD	8568 NW 93RD ST
		MIAMI, FL 33166
		TALEGE OF THE
		OF STATE EE. FLORID

Page 2 of 3

D.	If am	en ding an y o	ther inform	ation, ente	change(s) here	: (Attach addit	tional sheets, if ne	cessary.)
_								
E.	Effect (The effi the dat	ive date, if o ective date must a this document	ther than the be specific, can is filed by the F	e date of fil mot be prior to Torida Departi	date of receipt or fil	ed date and canno	(op t be more than 90 day	tional) safter
	Dated		<u> </u>	1/-	f.,			
				Signature of	a member or autho	ized representativ	e of a member	

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Filing Fee: \$25.00

TILED 14 OCT 17 M T: 19 SECRETARY OF STATE ALLAHASSEE, FLORIDA