L14000066637

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Cor			
CHRIE		Sales, LLC		
SUBJE	CI:	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	etum all correspo	ndence concerning this matter	to the following:	
		Casey Smith		
		TACK Consulting, LLC	Name of Person	
		 	Firm/Company	
		316 Snell Isle BLVD NE		
		St Petersburg, FL 33704	Address	
		caseytsmith@gmail.com	City/State and Zip Code	
			to be used for future annual report noti-	lication)
For furt	her information of	oncerning this matter, please co	all:	
Casey 8	Smith		813 230-0946 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:

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

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

FILED 2019 FEB - 1 AM 11: 41

SVG Yacht Sales, 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		ed on		_ and assigned
Florida document number L14000066637	 -			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	mited liability com	pany here:		
TACK Consultants, LLC				
The new name must be distinguishable and contain the words "L	imited Liability Compa	my," the designation "	'LLC" or the abbre	viation "L.L.C."
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)	<u></u>			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		lress on our reco	ords, <u>enter the</u>	name of the nev
Name of New Registered Agent:			····	
New Registered Office Address:				
		Enter Florida street ad	ldress	
			, Florida	
_	City		,	Zip Code
New Registered Agent's Signature, if changing Register	red 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		 	DAdd
		 	Remove
			☐ Change
			Remove
			☐ Change
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ective date, if other t	han the date of fil	·		(
effective date is listed, the	date must be specific a n this block does no	and cannot be prior to t meet the applicab	date of filing or more the statutory filing rec	(optional) nan 90 days after filing.) Pur puirements, this date will	rsuant to 605.020 I not be listed a
record specifies a c he 90th day after t	lelayed effective he record is file	e date, but not a	an effective time	, at 12:01 a.m. on	the earlier o
January 28	/	2019			
	1		-		
	Signature of	a member or authori	zed representative of a	member	

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Typed or printed name of signee

Filing Fee: \$25.00