

L14000162999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

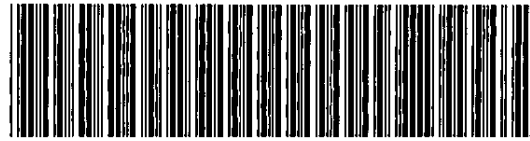
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900277999999

10/14/15--01003--016 **30.00

FILED
2015 OCT 14 A 9:51
SECRETARY OF STATE
ALABAMA, FLORIDA

OCT 15 2015

S MASON



8430 SW 8th St., #204B, Miami, FL 33144

October 8, 2015

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

Dear Madam or Sir,

As per enclosed, on Jan. 13, 2015 we sent the original documents requesting an Amendment reflecting change by adding an AMBR to our LLC.

I was reviewing our files and noticed we did not receive anything from you and our check was not returned. I assume it was lost in the mail, as we changed address as well as registered agent.

Therefore, we are resubmitting Amendment, along with another check in the amount of \$30.00 (filing fee and certified copy).

Please it is important this change be made, reflecting the original date requested, Jan. 13, 2015

If you have any questions, please contact me as below.

Sincerely

Maria Palacios
Registered Agent
Austin Parker Yachts USA
austinparkeryachtsusa@gmail.com
8430 SW 8th St, #204B, Miami, FL 33144

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AUSTIN PARKER YACHTS USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Palacios

Name of Person

Austin Parker Yachts USA LLC

Firm/Company

8430 SW 8th St, #204B

Address

Miami, FL 33144

City/State and Zip Code

austinparkeryachtsusa@gmail.com

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

For further information concerning this matter, please call:

Maria Palacios

305 322-2893
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Austin Parker Yachts USA, 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 October 20, 2014 and assigned
Florida document number L14000162999.

This amendment is submitted to amend the following:

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

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

_____, **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 Changing Registered Agent, Signature of New Registered Agent

FILED
OCT 14
9:51
SECRETARY OF STATE
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michele Parini	Piazza Barontini 11, Cecina, Livorno ^{Livorno} Italy	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 OCT 14 A 9:51
SECRETARY OF STATE
TAMMASEE, FLORIDA

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

E. Effective date, if other than the date of filing: Jan. 15, 2015 (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 Jan. 15, 2015

John

Signature of a member or authorized representative of a member

Giovanni Sebastiano Gravagno

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 OCT 14 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA