# 14000162999

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S. WARREN JUN 3 0 2017

# **COVER LETTER**

Division of Cor	porations		
CHDIECT.	Austin Parker Yachts US	SA LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Maria Pa	lacios	
	<del></del>	Name of Person	·
	Austin Parke	er Yachts USA LLC	
		Firm/Company	
	8430 SW 8th	St #B204	
		Address	
	Miami !	Fl 33144	
		City/State and Zip Code	
		htsusa@gmail.com	
	E-mail address: (to	o be used for future annual repor	1 notification)
For further information of	concerning this matter, please ca	11:	
Maria Palac	ios		
		at (305 ) 322-28	393 aytime Telephone Number
Name o	of Person	Area Code D	aytime Telephone Number
Enclosed is a check for the \$25,00 Filing Fee	he following amount: 40 \$30,00 Filing Fee & Certificate of Status	thing fee i Cert histe of 2 cert Hech of 2 s55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status &

### MAILING ADDRESS:

TO:

Registration Section

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) 10/20/2014 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 114000162999 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 "LLC." 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 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 flocument 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, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		OUR ROET Nome
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr_	Sebastiano Giovanni Gravagno	Avda Rius I Taulet, 84	
	Р	is1, Pta 1, Sant Cugat del Valles, Barcelo	-
			□ Remove
NOTE: thi	s is not adding or changing to new me	ember.	Change
IT CORRE	CTION OF MISTAKE IN MGR . NAME		
	SS:		
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AND SHO SEBASTIA	ULD BE: NO GIOVANNI GRAVAGNO		□ Remove
			Change
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	tiano Giovanni Grava		——————————————————————————————————————			
	and changing	g his address to:				
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	Sant Cugat de					
	Barcelona Sp	pain 08173	·			
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Effective date, i	if other than the dat	te of filing:		(opt	ional)	
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