

LARC I OIT

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000160824 3)))



H150001808243ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone : (800) 906-9220

Fax Number

: (800)906~9880

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ISHINE FLORIDA YACHTING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 01 2015

YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

ISHINE FLORIDA YACHTING, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Steven Weiss

Name of Person

Allstate Corporate Services Corp.

Pirm/Company

1222 Avenue M, Suite 301

Address

Brooklyn, NY 112230

City/State and Zip Code

sal@acs123.com

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

For further information concerning this matter, please call:

Naomi Ostopowitz

(000)

906-9220

Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

☐ \$25.00 Filing Fce

■ \$30.00 Filing Fee & Certificate of Status ☐ \$55,00 Filing Pee & Certifled Copy (additional copy is enclosed) S60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is suclosed)

<u>≆</u> 9

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

Taliahasace, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	pears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on 11/24/2014 and assigned Florida document number L14000181492				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	<u>here:</u>			
The new name must be distinguishable and end with the words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)	F. S. S. S. C.			
Enter new mailing address, if applicable:	WEST TO			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne			
Name of New Registered Agent:				
New Registered Office Address: Enter	Florida street address			
	, Florida			
Cliy	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

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 AMBR	<u>Name</u> SEBASTIAN WEINSTEIN	Address 5 CEDAR BROOK COUP	Type of Action
, <u> </u>		OLD BROOKVILLE, NY 115	
			D Add
			□ Remove
			ieck
			OAdd T
,			O Add
			C Remove
			D Add
	•		C Remove
-			🖸 Remove

D,	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing: (The offsotive date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated June 25 2015
	Stower
	Signature of a member or authorized representative of a member Steven Weiss
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00