

L1500000027

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Florida Department of State
Division of Corporations
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2016 MAY 31 PM 4:00
FALLAHASSER, FLORIDA

16 MAY 31 PM 1:42
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DIVISION OF STATE
FALLAHASSER, FLORIDA

**Enter 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
JP YACHT SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 0 1 2016

Y SULKER

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

JP YACHT SERVICES, L.L.C.

(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 12/31/2014 and assigned Florida document number L1500000027

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:

145 NW 35 AVE MIAMI FL 33125

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

145 NW 35 AVE MIAMI FL 33125

(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:

145 NW 35 AVE

Enter Florida street address

MIAMI

City

Florida

33125

Zip Code

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 TALLAHASSEE, FLORIDA

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 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	DAYANA PERRY	145 NW 35 AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33125	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 MAY 30
 FILED
 PH 1: 42
 Add
 Change
 Remove

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

Lined area for amending information, currently blank.

16 MAY 31 PM 1:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: 05/31/2016 (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 05/31/2016 1:21 P.M

Signature of a member or authorized representative of a member

GUIDO PENA

Typed or printed name of signer

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
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E. Effective date, if other than the date of filing: 05/31/2016 (optional)

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Signature of a member or authorized representative of a member

GUIDO PENA

Typed or printed name of signee