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MAR 23 2015 J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 552432 8037026 AUTHORIZATION COST LIMIT ORDER DATE: March 18, 2015 ORDER TIME : 4:15 PM ORDER NO. : 552432-005 CUSTOMER NO: 8037026 DOMESTIC AMENDMENT FILING NAME: CV YACHTS LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT

CONTACT PERSON: Courtney Williams -- EXT# 62935

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

RESTATED ARTICLES OF INCORPORATION

CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cv Yachts LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appear Liability Company)	rs on our recorns.	
		02/27/2015	and pasismod
The Articles of Organization for this Limited Liability Company	were filed on	02/21/2015	and assigned
Florida document number L15000037211			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company ho	ere!	
1. A amending name, enter the new name of the minere had		<u> </u>	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the	designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	HMY YACHTS	2401 PGA BLVD. S	UITE 100
17960911 077601 1000 1000 1000 1000 1000 1000	PALM BEACH (	GARDENS, FL 3341	10
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<del></del>
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:			
New Registered Office Address:			
Negistated Office Modiess.	Enter Flor	rida street address	
		, Florid	la
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of provided for in (	my duties, and I Chapter 605, F.S.	am familiar with and . Or, if this document is
company has been notified in writing of this change.	MANUAL EDD! X 1741 ET	y congi m inai ii	
			AR A
if Char	iging Registered Ag	ent. Signature of No	Registrated Agent
If Char Page 1	•	ent. <u>Signature of No</u>	EW Realtered Agent
	•	ent. <u>Signature of No</u>	Registrated Agent

it 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 = M $AMBR = A$	lan <b>ager</b> uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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If amending any other information, enter change(s) here: (Allo	ich additional sheets. if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after
Dated	
Signature of a member or authorized re	presentative of a member
Christopher Vacchio	
Typed or printed name	

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SECRETARY OF STATE