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SECRETARY OF STATE FAILLAHASSEE, FLORIDA

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN 0 2 2015

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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Wach + Owb 6204 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:
Forence Berezion.  Name of Person
Yacht Cub 6204 CCC Firm/Company
19655 E Country Club DR #6209
Aventura, Fl 33180  City/State and Zip Code
Brees in From Land Your . Com.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 915-6695  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yacht C	W 6	204				
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears oblity Company)	on our records.)		_	
The Articles of Organization for this Limited Liz Florida document number <u>L150000</u>	ability Company w	ere filed on	05 12 20	<u>) 15</u> and	assigned	
This amendment is submitted to amend the follo	wing:					•
A. If amending name, enter the new name of	the limited liabilit	y company her	<u>e</u> :			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	Company," the des	ignation "LLC" or th	he abbreviation	DIVISION O	SECRET
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E				NARY OF STATE	-1 PM 4:13	RYLOF STATE
B. If amending the registered agent and/or the new registered off			our records, <u>en</u>	iter the nai	ne of th	e new
Name of New Registered Agent:		Nathe				_ <b>:</b>
New Registered Office Address:	19655 E	Country Enter Florid	a street address	R APT	දහර	<u>1</u>
	Aventi	City	, Florida	330 Zip Co	ode	

New Registered Agent's Signature, if changing Registered Agent:

11

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 Type of Action <u>Title</u> <u>Name</u> **Address** Crozzo Dacio ☐ Add 19655 & contry cubbe #6204 Aventur, F1 33780 ☐ Change Dogove Mabel □ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove 🕏

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Filing Fee: \$25.00