11600043975

(1	Requestor's Name)	
	Address)	
	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
ertified Coples	Certificates of S	Status
Special Instructions	to Filing Officer:	
R) name		

Office Use Only



600321265046

12/04/18--01008 -011 **25.00



122011

COVER LETTER

O:

D: Registration Section Division of Corpora			
JBJECT:	CA MARIN	E LLC	
BJEC1.	Name of Limi	ted Liability Company	
described of the of Asso	and an and final and an amba	witted for filing	
ie enclosed Articles of Ame	endment and fee(s) are sub-	nuco for thing.	
ease return all corresponder	nce concerning this matter t	to the following:	
	ALESSANDL	o LA ROSA	
•		Name of Person	
		Firm/Company	
	71502 SAIN	IT ANDREW CARANO	CIR
•	&1302 SAIN	Address Address	
	BOCA RATON	FL 33486 City/State and Zip Code	
_		AXO GHAIL. COM	
e further information conce	ri-mail address: (t erning this matter, please ca	o be used for future annual report notificall.	canon)
or farther information conce	ining this matter, please ea		
ALESSANDRO	LA ROSA	at (561) 345 - Area Code Daytime	9532
Name of Per	son	Area Code Daytime	Telephone Number
aclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee D	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING	ADDRESS:	STREET/COURIE	CR ADDRESS:
Registration	n Section	Registration Section	
Division of P.O. Box 6	Corporations	Division of Corpora Clifton Building	tions
	527 e, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

~ ~

npany has been notified in writing of this change.

(A Florida Li	Company as It now appears on our records,) imited Liability Company)
he Articles of Organization for this Limited Liability Com	npany were filed on MARCH 2nd 2016 and assigned
lorida document number <u>L 160000 43975</u>	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited	I liability company here:
YACHT GURU OF AME	ERICA LLC
ic new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A
rincipal office address MUST BE A STREET ADDRESS	<u></u>
nter new mailing address, if applicable:	NIA
ailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered	d office address on our records, enter the name of the
istered agent and/or the new registered office address	here:
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
	Enser Florida street address
	Enser Florida street address S A Florida N A City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

rvisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		/	□ Remove
			Change
			□ Remove
			Change
		·	
		<u></u>	Remove
			Add
			Remove
		 -	Change
			Remove
			Change

ective	date, if other than the date of filing: (optional)
n effecti ste: If	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
	11/29/2018
ited	111 21 2010
	The same of the sa
	Signature of a member or authorized representative of a member
	ALE SYANDED LA ROLA Typed or printed name of signee
	Z1

Page 3 of 3

Filing Fee: \$25.00