## 116000060742

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	me)
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SECRETARY OF FIATE
ALLAHASSES

O SIMMONS AUG 1 () 2018

## **COVER LETTER**

то:	Registration Se Division of Co			
CHDIE		CHT REFINISHING LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The ene	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		EMERSON DE ALMEID	A MALTA	
			Name of Person	
			Firm/Company	
		5770 NW 74TH PLACE	# 105	
			Address	
		COCONUT CREEK - FL	ORIDA 33073	
			City/State and Zip Code	
		primeincometax1@gmail	.com to be used for future annual report not	Theation t
For furt	her information c	oncerning this matter, please c	·	
	SON DE ALME		786 448-5192	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	he following amount:		
曽 \$25	.00 Filing Fee	☐ \$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)
	Registi Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C	on rations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## WCM YACHT REFINISHING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(7.1 K-HALLEMIKE	a samethy company,		
The Articles of Organization for this Limited Liability Compar	were filed on $\frac{03-25-2}{1}$	one and ass	igned
Florida document number L16000060742			
This amendment is submitted to amend the following:		15.60	ED (3)
A. If amending name, enter the new name of the limited liz	<del></del>		igned
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	ion "LLC" or the abbreviation "L.	LC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name	<u>of the new</u>
	· · · ·		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	ret address	
		Florida	
	Ciţy	, Florida Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agen	<u>ı1:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my a s provided for in Chapt	tties, and I am familiar wit er 605, F.S. Or, if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	WALISSON TADEU A MOURA	3201 NW 4TH TER APT 79	
		POMPANO BEACH FL 33064	■ Remove
			Change
<del></del>			Add
			Remove
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			THE DANGE TO THE DESCRIPTION OF
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ctive date, if other than the	date of filing: (optional)
effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ock does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed ne 90th day after the rec	${f j}$ effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.
JUNE 12	2018
E ,	

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Typed or printed name of signee

Filing Fee: \$25.00