Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number : (561)694-1639

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 MARITIME YACHT SERVICES, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 1 4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Maritime Yacht Services, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 10/11/2016	and assigned
Florida document number L16000188639		
This amondment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company bere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
····	Clry	Zip Code

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, Stanature 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

Title	<u>Name</u>	Address	Type of Action
MGR	LOMBARD, JOHANNES	12012 SOUTH SHORE BLVD.	☐ Add
_	 -	STE. 207	■ Remove
		WELLINGTON, FL 33414	□ Change
MGR	Roberto Gavilanes	12012 SOUTH SHORE BLVD.	₽ Add
		STE. 207	☐ Remove
		WELLINGTON, FL 33414	☐ Change
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			Add
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e record speci The 90th day	fies a delayed ef after the record	fective d is filed.	ate, but n	ot an effec	tive time, a	t 12:01 a.m	on the earlier of
Dated October 13	0	<u></u>	2016	<u> </u>			
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	Sig	Cance of a r	nember or aut	horized repres	entative of a mer	nber	

Page 3 of 3

Filing Fee: \$25.00