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 Phone : (561)694-1639 Fax Number

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

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

OCT 15 2018

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

MARITIME YACHT SERVICES, LLC		_	
(Name of the Limited L	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Com	npany were filed on 10/11/2016	and assig	gned
Florida document number 1.16000188639			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d Hability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	ibbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
		<u></u>	<u>-</u>
		*	<u></u>
Enter new mailing address, if applicable:			<u>-5</u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u></u>
D. If any and the Alexander of the control of the c	1.00		.
B. If amending the registered agent and/or registered agent and/or the new registered office address		the name o	<u>the nev</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida _		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	<u>rent:</u>		

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, <u>enter the title, name, and address of each person</u> <u>heing added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GAVILANES, ROBERTO	516 Northwood rd, 8157 West Palm Beach, FL 33407	Add
			☐ Change
MGR	Johannes Lombard	516 Northwood rd, 8157 West Palm Beach, FL 33407	
			П Кеточе
			☐ Change
MGR	Albertus van Zyl	Zyl 127 Mansfield D Boca Raton, FL 33434	€ ⊆ Q bbd ©
			Add C
			u ¬¬r.′
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			□ Change

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		or
Tective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this becument's effective date on the I	date of filing: st be specific and cannot be prior to date of filing or ook does not meet the applicable statutory fill epartment of State's records.	(optional) more than 90 days after filing.) Pursuant to 505.0. ing requirements, this date will not be listed
record specifies a delaye The 90th day after the re	d effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlier
	2018	
October 10		
ated October 10	7	
ated October 10	Signature of a member or authorized representati	ve of a member

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Filing Fee: \$25.00