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COVER LETTER

TO:		stration Sec ion of Corp				
CHBIN	ær.	South Fl	orida Yacht Sales, LLC			
SUBJE	CI: _		Name of Lim	ited Liability Company		
The enc	closed a	Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn a	ill correspoi	ndence concerning this matter	to the following:		
			James Robbins			
				Name of Person		
			All Florida Yacht Sales, Ll	I.C		
			-	Firm/Company	<u>.</u>	
			19621 Cutler Court			
				Address	.,	
			Cutler Bay, FL 33189			
				City/State and Zip Code		
			Robbinsjam@gmail.com			
			E-mail address: (to be used for future annual report notific	cation)	
For furt	ther inf	formation co	oncerning this matter, please ca	all:		
James l	Robbir			305 562-1258 at ()		
		Name of	l'Person	Area Code Daytime	l'elephone Number	
Enclose	ed is a	check for th	e following amount:			
\$25	5.00 Fil	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Yacht Sales, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) October 28, 2016 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L16000199396 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: All Florida Yacht Sales, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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, 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>being added or removed from our records</u>:

MGR = Max $AMBR = Auc$	nager borized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	d specifies a de Oth day after the			t an effective tin	ne, at 12:01 a.m.	on the earlier of:
Dated	ne 13		2017			ست. ا ا
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00