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COVER LETTER

Division of Corporations SCHAEFER YACHTS USA HOLDINGS LLC SUBJECT: ___ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MILENA MITRAUD Name of Person MARILI CANCIO JOHNSON PA Firm/Company 150 SE 2nd Avenue suite 1408 Address Miami/FL 33131 City/State and Zip Code Milena.mitraud@cjelaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Milena Mitrraud 786 6834363 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCHAEFER YACHTS USA HOLDINGS									
(<u>Name of the Limited Liab</u> (A Flori	<u>ility Co</u> ida Limi	inpany a ited Liabi	it now appeatly Company)	ars on our record	<u>s.</u>)				
The Articles of Organization for this Limited Liability Florida document number 1.17000016551	Comp	any wer	e filed on <u>(</u>	1,20/2017		and	_ and assigned		
riorida document number	·								
This amendment is submitted to amend the following:									
A. If amending name, enter the new name of the lin	mited_	liability	company l	<u>iere</u> :					
SHF YACHTS LLC									
The new name must be distinguishable and contain the words "Li	imited 1	iapility (ompany," the	designation "LLC"	or the abb	reviation	ı "L.IC."		
Enter new principal offices address, if applicable:		_				~-			
(Principal office address MUST BE A STREET ADD)RESS	<u> </u>				020 NO			
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						5			
Enter new mailing address, if applicable:					<u> ကိုက</u>	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		_					-		
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B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent:		ice addr	ess on our	records, <u>enter</u>	the name	of the	new register		
New Registered Office Address:	50	5E	2nd	Wernel	Su	te la	204		

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, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effectiv	e date; ii other than the t	be specific and ck does not m	cannot be prior reet the applic	to date of filing o able statutory f	or more than 90 day Iling requirement	s after tiling.) Pu s, this date wil	irsuant to 60 I not be lis)5.0207 sted as
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