

**L17000035360**

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 MAY 15 P 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 15 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2017

STEPHEN M FRENCH  
2901 SE MONROE ST  
STUART, FL 34997

SUBJECT: FRENCH YACHTS 68 MOPO, LLC.  
Ref. Number: L17000035360

We have received your document for FRENCH YACHTS 68 MOPO, LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 917A00008622

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2017 MAY 15 P 4: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Bruce, Deborah**

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**From:** Ashton, Kathy  
**Sent:** Monday, May 15, 2017 11:49 AM  
**To:** Bruce, Deborah  
**Cc:** Shivers, Justin; Milligan, Michelle  
**Subject:** FRENCH YACHT 68, LLC - W17000037819

I have \$50.00 that was submitted with the wrong form (a fic application). The validation is 01026 023 03-02-17 (rejected under G17000022336). I have verified that your section makes copies/originals for your file. She wants you to use that money to file her name change amendment. If you have any questions, call Shannon @ (777) 263-3878.

Thank you.

Kathy

The Department of State is committed to excellence.  
Please take our Customer Satisfaction Survey.

**FILED**  
2017 MAY 15 P 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FRENCH YACHTS 68 MOPO, LLC.

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:

STEPHEN M FRENCH

Name of Person

Firm/Company

2901 SE MONROE ST

Address

STUART, FL 34997

City/State and Zip Code

FRENCHCUSTOMYACHTS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON LOGUE

772 263-3878  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

**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

2017 MAY 15 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2017 MAY -1 PM 12:16  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W7-37819

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FRENH YACHTS 68 MOPO, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 02/14/2017 and assigned  
Florida document number L17000035360.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

FRENCH YACHTS 68, LLC.

The new name must be distinguishable and contain the words "Limited Liability 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 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 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, Signature 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated APRIL 25TH 2017

Signature of a member or authorized representative of a member

~~STEPHEN MERENCH~~

Typed or printed name of signee