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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SAILOR YACHTING USAILLC 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: GUVENC MESUT Name of Person Firm/Company 1467 PONGAM TERR Address HOLLYWOOD, FL 33021 City/State and Zip Code GMHOLDING@OUTLOOK.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: GUVENC MESUT 305 297-5313 Daytime Telephone Number Name of Person 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAILOR YACHTING	USA LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	APRIL 3, 2017	and assigned
Florida document number 1.17(XXXX)74652			
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company ho	ere:	
GVYACHTS LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u>-</u>	23
Principal office address MUST BE A STREET ADDRESS)			()
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			<u>ः</u> - क्ष्मं य
Mailing address MAY BE A POST OFFICE BOX)			<u></u>
3. If amending the registered agent and/or registered office a	address on our r	ecords, <u>enter the</u>	name of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi	rida street address	
		, Florid:	
	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>	Type of Action
			□ Add
			□Remove
			□ Change
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If an effective Note: If th	late, if other than the date of a date is listed, the date must be specified date inserted in this block does affective date on the Department	filing:	NUARY 1, 2024 to date of filing or more table statutory filing red	(optional) han 90 days after filing.) Purs quirements, this date will i	uant to 605.0207 not be listed as
	specifies a delayed effecti h day after the record is fi		t an effective time	e, at 12:01 a.m. on t	he earlier of
Davad	DECEMBER 23	2023			
Dated		<u> </u>			
Dated			<i>41</i> /		
Dated	60°		rized representative of a	envirghus.	

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