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## **COVER LETTER**

10:	Division of Co		, ⊸,
SUBJE	ССТ:	Chastang Inter	rnational Yacht Brokers, LLC
		→ Name of Lim	ited Liability Company
The en	closed Articles o	of Amendment and fee(s) are sub	mitted for filing.
Please	return all corresp	oondence concerning this matter	to the following:
		Lawren	nce J. Chastang Name of Person
			Firm/Company
		420 S.C	range Aue Suite 500
		Orlando Jaurence E-mail address: (	FLORIDA 32801 City/State and Zip Code Chastana & Claconnect. Com to be used for future annual report notification)
For fur	ther information	concerning this matter, please ca	
Le	DW CENCE Name	e Chostang of Person	at (407) 963-7585  Area Code Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, 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

Chastang Internation	ional Yacht Brokers LLC
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on $4/28/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  Chastang Intermediate Ch	ernational 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 offire address here:	
Name of New Registered Agent:	- SSS 7
New Registered Office Address:	Enter Florida street address Florida
· ————————————————————————————————————	City Zip Stade
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and consider for in Chapter 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Effective date, if oth	ner than the date of fed, the date must be specifi	iling:	or to date of filing	or more than 90 day	(optional)	ioni to 60 <b>5</b> 0
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he record specifies	s a delayed effective	e date, but r	ot an effecti	ve time, at 12	:01 a.m. on th	ne earlier
The 90th day ar	ter the record is fil	ea.				
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Filing Fee: \$25.00