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DATE:

01/18/23

NAME: HILJON YACHT CHARTERS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



January 19, 2023

FLORIDA FILING

SUBJECT: HILJON YACHT CHARTERS, LLC

Ref. Number: L17000111572

We have received your document for HILJON YACHT CHARTERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Managers Name that is being removed the first name is misspelled.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 423A00001299

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

FILED

HILJON YACHT CHARTERS, LLC

2023 JAN 18 AM 9:49

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

SECRETARY OF STATE

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TALLAHASSEE, FI
The Articles of Organization for this Limited Liability Comp	any were filed on May 19, 2017	and assigned
Florida document number L17000111572		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d Liability Company were filed on May 19, 2017 and assigned following: the of the limited liability company here: the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." plicable: REET ADDRESS) CCE BOX) for registered office address on our records, enter the name of the new registered	
The new name must be distinguishable and contain the words "Limited I	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amounting the registered agent and/or registered off	ico addrese en our recorde entar	the name of the new registered
agent and/or the new registered office address here:	ice address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
·	City , FI	orida 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 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>	Name	Address	Type of Action
MGR	2633293 ONTARIO INC.	246 ATTWELL DRIVE	≣ Add
		ETOBICOKE ONTARIO	□Remove
		CANADA M9W 5B4	
MGR	PETER C LIMMER	5640 NE 27TH AVENUE	
		FT. LAUDERDALE, FL 33308	
			□Change
			□Add
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Note: If the date i	other than the da listed, the date must be nserted in this block we date on the Depar	does not me	et the applic	cable statutor	ng or more thar y filing requi	(option 90 days after firements, this c	e al) ling.) Pursua late will no	nt to 605. t be liste	.0207 ed as
e record specifies and is filed.	ı delayed effective da	ate, but not a	n effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th	day after	r the
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Dated <u>Di</u> C	CHBCK		/	11/	// /				
Dated <u>Dix</u>			ember or and	aprized represe	entative of a me	ember			

Filing Fee: \$25.00