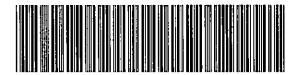
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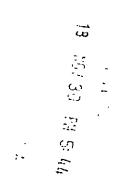
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## **COVER LETTER**

CENTURION YACHT MANAGEMENT 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: ANNA LETKO Name of Person CENTURION YACHT MANAGEMENT LLC Firm/Company 3222 NE 166 STREET Address NORTH MIAMI BEACH, FL 33160 City/State and Zip Code AVBOX@BK.RU E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANNA LETKO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as Florida Limited Liabil	it now appears on our records ity Company)	<u>.)                                    </u>
The Articles of Organization for this Limited Liabi	ility Company wer	e filed on <u>07/03/2017</u>	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability	company here:	
			÷
The new name must be distinguishable and contain the word	s "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	l <b>e:</b> 32	22 NE 166 STREET	
(Principal office address MUST BE A STREET A	<b>N</b> 1/	ORTH MIAMI BEACH, FL	33160
		<del>_</del>	
·			F. 20
Enter new mailing address, if applicable:	32	22 NE 166 STREET	
(Mailing address MAY BE A POST OFFICE BOX)		ORTH MIAMI BEACH, FL	33160
B. If amending the registered agent and/or registered agent and/or the new registered office	_	address on our records	, enter the name of the
Name of New Registered Agent:	ANNA LETKO		
New Registered Office Address:	3222 NE 166 STRE		
		Enter Florida street address	
ì	NORTH MIAMI BE	ACH . Flo	rida <u>33160</u>
			Zip Code

New Registered Agent's Signature, it 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
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MGR,			
		NORTH MIAMI BEACH, FL	
		33160	■ Remove
			Change
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tive date, if other than the date Tective date is listed, the date must be s	e of filing:	o date of filing or more tha	(optional) n 90 days after filing.	Pursuant to 605.0
If the date inserted in this block of	does not meet the applical			
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Page 3 of 3

Filing Fee: \$25.00