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COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT: HALL	15 YACHT SERVICE LLC
	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing,
Please return all correspon	idence concerning this matter to the following:
	Thallacus W:11.cm Hall !!
	Name of Person
	Hall's Yacht Service CLC Firm/Company
	Firm/Company
	C200 NE 22~2 Way APT 312
	Address
	F+ Landerdale FL 33308
	F+ Landordale FL 33308 City/State and Zip Code +haddaeushall@gmail.com
	thaltaeushall@gnail.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
That de Leus Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for the	-
■ \$25.00 Filing Fce	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALL'S	YACHT	SERVICE y as it now appears on tability Company)	ill	
(Name of the Limited (A	I Liability Company A Florida Limited Lia	y as it now appears on eability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document number <u>L17000177</u> 9		vere filed on <u>Aug</u>	151 21,20	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	y Company," the designa	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u> </u>	• 0	<u> </u>
(Principal office address MUST BE A STREET	<u>'ADDRESS)</u>			TSP PH
Enter new mailing address, if applicable:				是一
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter	r the name of the new
Name of New Registered Agent:	Thadda	eus W.N.	am Hall	\\
New Registered Office Address:	6200 N	Enter Florida st	reet address	7362
	F+ La	nderdall City	, Florida _	33308 Zip Code
New Registered Agent's Signature, if changing Re				

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
			Change
			SEP Remove T
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			☐ Remove
			□ Change
			□ Add
		□ Remove	
		 	☐ Change
			□ Remove
			Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect <u>Note:</u> If	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	August 29th . 2017
	Signature of a member or authorized representative of a member
	71 - 11 - 14 611
	Thadaeus 14 all Typed or printed name of signee

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Filing Fee: \$25.00