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COVER LETTER

TO:	Registration Sec Division of Corp			
CIID II		da Cruising Yachts, LLC		
SUBJI	<u></u>	Name of Limi	ited Liability Company	<u>.</u>
		amendment and fee(s) are sub-		
	·	Stephen L. Dodd		
			Name of Person	» <u>. </u>
		Florida Cruising Yacht	es, LLC	
			Firm/Company	
		7987 SW 80th Lane		
			Address	
		Gainesville, FL 32608		
sdodd@hhp.ufl.edu E-mail address: (to be used for future annual report notification)				
For fur	ther information co	ncerning this matter, please ca	all;	
S	Stephen L. Dodd		352 262-9028	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclos	ed is a check for the	e following amount:		
CI \$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & 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

Florida Cruising Yachts, LLG			
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	october 10, 2017	and assigned
his amendment is submitted to amend the follo	owing:		
a. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
	 -		
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			
Mailing address MAY BE A POST OFFICE	<u> </u>		F/3
			<u> </u>
			. ≥
 If amending the registered agent and/ registered agent and/or the new registered of 		our records, ente	er the name of the
egistered agent and/or the new registered or	nçe address nere:		£9
Name of New Registered Agent:	William S. Dodd		
New Registered Office Address:	3543 SW 30th Way, #108		
New Registered Office Address.	Enter Florid	la street address	
	Gainesville	, Florida	32608
	Cin	, FIULIUA .	Zin Codu

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
AMBR	Virginia J. Dodd	7987 SW 80th LN, Gainesville, FL 32608	Add
			Remove
		 	Change
			□ Add
			Remove
			Change
			Remove
			Change
			⊈ □ Remove
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			5.	9
				
fective date, if other than the date of filing:		(optio	nal)	
on effective date is listed, the date must be specific and cannot be prior one: If the date inserted in this block does not meet the application of the date in the Department of State's records	able statutory filing			
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective ti	me, at 12:01 a	.m. on t	the earlier
October 18 2017				ŧ
	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00