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COVER LETTER

TO: Registration So Division of Cor					
Canados Y SUBJECT:	achts South East LLC				
Sobsticit.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Stephen Faraldo			
		Name of Person			
		Firm Company			
		3050 SW 44th Street			
		Address	···		
		Ft. Lauderdale, FL 33312			
		City/State and Zip Code sfaraldo@ayssales.com		πĵ	
	E-mail address. (to be used for future annual report notifica	stion)	S. C.F.B	~~(° (°)-;j
For further information of	concerning this matter, please co	all:		بد ت	イ イ (で)
Stephen Faraldo		561 322-8279			700F
Name o	of Person	Area Code Daytime T	elephone Number	2: 51,	STATE
Enclosed is a check for t	he following amount:				iń
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &	

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

Canados \	Yacht South East LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (• •	11/17/2017	and assigned
Florida document numberL17000238055	·		
This amendment is submitted to amend the following:			OFER SERVICE
A. If amending name, enter the new name of the lim	nited liability company he	ere:	5 G. G.
Tradewinds Yacht Group	LLC		P等
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the c	lesignation "LLC" or the	abbreviation "L.L.6"
Enter new principal offices address, if applicable:			7 10
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>		· · ·
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.		ı our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:		n	
New Registered Office Address:			
	Enter Flor	rida street address	
		Florida _	
	City		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 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>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
			
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to x05,0207 order. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. The 90th day after the record is filed. The sugmature of a member or authorized representative of a member.		
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Filing Fee: \$25.00