

LIS'000052237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

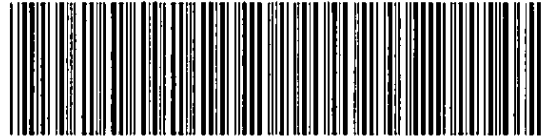
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2/27/23  
DC

ALL AHASSEE, FLORIDA

2023 FEB 24 PM 3:41

RECEIVED

STATE DEPT OF TREASURY  
ALL AHASSEE, FLORIDA

2023 FEB 24 PM 3:48

FILED

QWIK COURIER

850-284-4584

PLEASE PROCESS THE FOLLOWING.

~~PLEASE DO NOT PUT OUR NAME ON COVER LETTER~~

~~PLEASE USE NAME ON THE REQUEST.~~

~~PLEASE PUT IN OUR BOX WHEN COMPLETED~~

CUSTOMER JODI RONEN

company: ANTPALARCH Yacht  
Services LLC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ANTPALARCH YACHT SERVICES LLC

\_\_\_\_\_  
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:

JODI RONEN

\_\_\_\_\_  
Name of Person

JG CONSULTING SERVICES, LLC

\_\_\_\_\_  
Firm/Company

5481 WILES RD STE 502

\_\_\_\_\_  
Address

COCONUT CREEK, FL 33073

\_\_\_\_\_  
City/State and Zip Code

JODI@ACCU-TAX.TAX

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODI RONEN

954

449-9709

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ANTPALARCH YACHT SERVICES LLC

**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**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02/24/2023

~~Signature of a member or authorized representative of a member~~

ANTONIO PALAZUELOS ARCHDALE

Typed or printed name of signee

**Filing Fee: \$25.00**