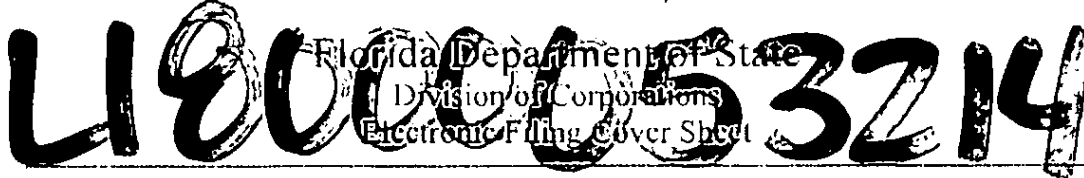


11/27/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (888)772-8108

2018 NOV 27 AM 9:42
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TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FLOW YACHTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2018 NOV 27 PM 6:47
11/27/2018 6:10:07

Electronic Filing Menu

Corporate Filing Menu

Help NOV 27 2018

S. PRATHER

(((H18000337687 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLOW YACHTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY, 28TH 2018 and assigned
Florida document number L18000053214

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2520 MARINA BAY DRIVE EAST APT 305

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33312

Enter new mailing address, if applicable:

2520 MARINA BAY DRIVE EAST APT 305

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33312

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:Name of New Registered Agent:

PAULA A NAPOLI

New Registered Office Address:

2520 MARINA BAY DRIVE EAST APT 305

Enter Florida street address

FORT LAUDERDALE

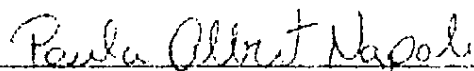
Florida 33312

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

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TALLAHASSEE FL

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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>	<u>Type of Action</u>
AMBR	MARCELO A OLIVEIRA	2355 NE 195TH ST	<input type="checkbox"/> Add
		MIAMI, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAULA A NAPOLI	2520 MARINA BAY DRIVE EAST APT 305	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (optional)

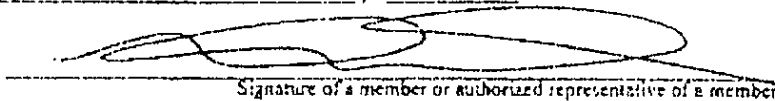
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER, 26TH 2018


Signature of a member or authorized representative of a member

MARCELO A OLIVEIRA

Typed or printed name of signer

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