1/8000060114

(Requestor's Name)				
•				
(Address)				
(Address)				
(100.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Social Carrier)				
Codifical Continues of the Continues of				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



100310594531

03/16/18--01003--020 **25.00

18 HAR 16 AM 7: 51 SECRETARY OF STATE TALL AHASSEE, FLORID!

FILED

2010 WAR 16 PH 2: I

K. SALY MAR 19 2018

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN				
	PICK UP: 3/16				
1	CERTIFIED COPY				
}	РНОТОСОРУ				
,]	CUS				
ď	FILING Amend				
	Lake Front Jachting, LLC (CORPORATE NAME AND DOCUMENT #)				
	COR ORATE NAME AND DOCUMENT#)				
_	(CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				
_					
	(CORPORATE NAME AND DOCUMENT #)				
_	(CORPORATE NAME AND DOCUMENT #)				
-	(CORPORATE NAME AND DOCUMENT #)				
A T					
AL	CTIONS:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 MAR 16 AM 7:51

SECRETARY OF STATE

FALL AMASSEE, FLORIDA

Lakes Front Yachting, 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 $\frac{03/12/2018}{}$	and assigned
Florida document number L18000060114	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company." the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
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 ad-	<u>dress here</u> :	
		- \
New Registered Office Address:	ice Address: Enter Florida street address	
		Florida
-	City	FloridaZıp Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties agent as provided for in Chapter 60 red office address, I hereby confirm	, and I am familiar with and 15, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jerome Morgan & Associates	118 Viera Drive	DAdd
		Palm Beach Gardens, FL 33418	Remove
			Change
MGR	Jerome Morgan	118 Viera Drive	■ Add
		Palm Beach Gardens, FL 33418	☐ Remove
			Change
			□ Add
			Remove 10 SL Green HAR
			MR 16 AM 7: 51 ETARY OF STATES WIASSEE, FREORIDCH
			DAdd
			Remove
			Change
***************************************		•	Add
			Remove
			Change

9 -2		W
,		
		5
		TIS =
		97 7.5
		201
Effective date, if other than the d fan effective date is listed, the date must t <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	ate of filing: e specific and cannot be prior to date of filing or more to do not meet the applicable statutory filing reartment of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3\(\chi\)b) quirements, this date will not be listed as the
e record specifies a delayed The 90th day after the recor	iffective date, but not an effective time d is filed.	e, at 12:01 a.m. on the earlier of:
Dated 03/16/	2018	
1.	Cana	
- Year	gnature of a member or authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00