

L18000120641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

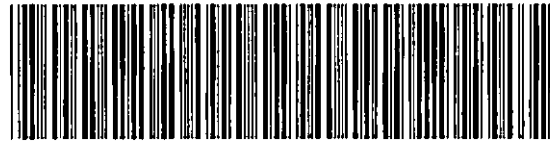
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/20--01014--008 **25.00

20 JAN 27 PM 1:36

FILED
G. M. S. 1/27/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SIMPLY YACHTS 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:

BLAKE OBER

Name of Person

COX & COMPANY

Firm/Company

1005 W. INDIANTOWN RD, #202

Address

JUPITER, FL 33458

City/State and Zip Code

BLAKE@COXANDCOMPANYLAW.COM

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

For further information concerning this matter, please call:

BLAKE OBER

561 747-8266

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

20 JAN 27 PM 1:36
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

20 JAN 27 PM 1:34
and assigned

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

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:

(Principal office address MUST BE A STREET ADDRESS)

7803 SW Ellipse Way

UNIT B-10

STUART, FL 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

COX & COMPANY

1005 W. INDIANTOWN RD. #202

JUPITER, FL 33458

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:

COX & COMPANY

New Registered Office Address:

1005 W. INDIANTOWN RD, #202

Enter Florida street address

JUPITER

Florida 33458

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TYLER SURVANCE	2630 LORRAINE CT	<input type="checkbox"/> Add
		NORTH PALM BEACH, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE BLUEWATER GROUP, LLC	16192 COASTAL HWY	<input checked="" type="checkbox"/> Add
		LEWES, DE 19958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00