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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:

TO: Registration S Division of Co			
LazyDaze4 SUBJECT:	10, LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Gregory Alan Clark Ma	urlys Rae Clark	
		Name of Person	-
	LazyDaze40,1.LC		
		Firm/Company	
	3165 N Atlantic Avenue, A	\504	
		Address	-
	Name of Linuted Liability Company Solution State Street Address: and State Section Se		
		City/State and Zip Code	-
For further information c		•	
Gregory Alan Clark			
Name o	f Person	Area Code Daytime Telephone Number	r
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee		Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status & I Copy
Mailing Address			
Division of Corporations			
P.O. Box 632	.7	The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 8	-10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lazerage#0, Lin		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our recor ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	any were filed on 5/17/2018	and assigned
lorida document number 1.18000123883		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
7/A		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		. 2
		<u>-</u> =
		. G3
nter new mailing address, if applicable:	N/A	<i>ज</i> । :
Mailing address MAY BE A POST OFFICE BOX)		
Haming maness mill Ind ATOM OFFICE BONG		
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:		_
	Enter Florida street addre	75.8
	, F	Torida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

(a.1) a. (b. 1.1.4)

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
MGR	Dream Yacht Charters	3165 N Atlantic Avenue, A504	□Add
		Cocoa Beach, FL 32931	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
	-		□Add
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ective date, if other than a effective date is listed, the date	the date of filing:	a tan analana a sa abaa a sa ar ar	(0	ptional)	£ 1/20-
te: If the date inserted in thi	s block does not meet th	e applicable statute			
cument's effective date on th	e Department of State's	records.			
cord specifies a delayed effe	ctive date, but not an eff	ective time, at 12:0	La,m, on the earlier of	: (b) The 90th day afte	er the
is filed.					
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/ fromy (Mu M	VY Jail	plitu	\overline{W}	
	Signature of a member	r or authofized repres	ditative of a member		

Typed or printed name of signee