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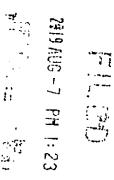
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Div	ision of Cor	porations:		
SUBJECT:		ht Electrical	<b>:</b>	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mychal Nicolas		
			Name or rerso.	
		Marine Yacht Electrical		
Firm/Company 55 se 14th street APT110				
		<del></del>	Address	****
Boca Raton FL 33432				
		mychalnicolas@hotmail.co.	Tity/State and Zip Code za	
		E-mail address: (	to be used for future annual report notific	cation)
For further i	nformation c	oncerning this matter, please ca	all:	
Mychal Nic	olas		954 540563 <b>9</b>	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
☑ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marine Yacht Electrical		
(Name of the Limit	ted Liability Company as it now app. (A Florida Limited Liability Company	ears on our records
The Articles of Organization for this Limited L	iability Company were filed on	08-01-2019 and assigned
Florida document number 83-1824758		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOXi	
		: 2
B. If amending the registered agent and registered agent and/or the new registered of		on our records. <u>enter the name of the r</u>
Name of New Registered Agent:	Mychal Nicolas	
New Registered Office Address:	55 se 14th street APT 11t	
	Enter F	lorida street address
	Boca Raton	, Florida 33432
	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

Title	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			☐ Change
<del></del>			
			☐ Remove
			Change
			J Add
			□ Remove
			Change

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			_
Effective date, if other than the	date of filing: $08-01-2019$	(optional)	
an effective date is fisted, the date mus	st be specific and cannot be prior to date of t	iling or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be	605.02 listed
document's effective date on the D			
the record specifies a delayed The 90th day after the rec	d effective date, but not an effo ord is filed.	ective time, at 12:01 a.m. on the ea	ırlier
	1000		
Datec	120 <b>0</b>		
	A siles		
	Signature of a nember of authorized repr		_

Page 3 of 3

ped or printed name of signee

Filing Fee: \$25.00