L18000264775

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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	DENISON YACHT MANAGEMENT, LLC					
SUBJECT		Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ondence concerning this matter	to the following:			
		Adam Marshall, Esquire				
		-	Name of Person			
		Lorium PLLC				
			Firm/Company			
		197 South Federal Highwa	ry, Suite 200			
			Address			
		Boca Raton, FL 33432				
			City/State and Zip Code			
		jyoung@loriumlaw.com				
		E-mail address: (to be used for future annual report noti	fication)		
For further i	nformation c	oncerning this matter, please ca	all:			
Adam Mars	hall, Esquire		561 361-1000 at ()			
	Name o	f Person		e Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 l	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)		
Re Di P.0	diling Addressistration S vision of C D. Box 632 Ilahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEI

2022 MAY 17 AM

DENISON YACHT MANAGEMENT, LLC

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

SECRETARY OF TALLAHASSEE

The Articles of Organization for this Limited Liability Company	vere filed on 11/13/2018	and assigned
Florida document number L18000264775		und dosigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
DYM OLD, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		_, Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			bbA□
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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17.66		a tha data of fills				optional)	
(If an effective	date is listed, the da	n the date of filing the must be specific as	nd cannot be prior t	o date of filing or	more than 90 days	optional) after filing.) Pursuant , this date will not!	to 605.0207
document's	effective date on	the Department of	'State's records.	ore statutory iii	ng requirements	, tims date with not	oc nates as
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	cifies a delayed el	ffective date, but no	ot an effective tit	ae, at 12:01 a.m	i. on the earlier o	i: (b) inc 90th da	iy after the
the record spe							
ord is filed.	10		2022				
	10	70	2022	_ ·			
ord is filed. Dated May	x /	2	· —				
ord is filed. Dated May	1	Signature of	2022		ve of a member		_ _

Filing Fee: \$25.00