

L18000267491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

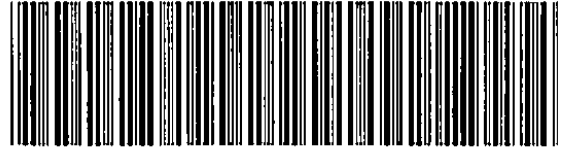
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000325074690

02/22/19--01020--001 \*\*80

2019 FEB 22 P 3 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 27 2019  
T. LEVIEUX

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DEBERGERAC CREATIONS 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:

JAMES C LACOURSE

Name of Person

YACHT SHOP CREATIONS LLC

Firm/Company

757 SE 17TH STREET #1031

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

JIM@THEYACHT.SHOP

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

For further information concerning this matter, please call:

JAMES C LACOURSE

Name of Person

772

at ( )

Area Code

215-0262

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/COURIER ADDRESS:**

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

TO  
**ARTICLES OF ORGANIZATION**  
**OF**

DEBERGERAC CREATIONS 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 11/15/18 and assigned  
Florida document number L18000267491.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

YACHT SHOP CREATIONS LLC

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)

3232 SW 2ND AVE #108

FORT LAUDERDALE, FL 33315

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

757 SE 17th Street #1031

Fort Lauderdale, FL 33316

**B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JAMES C LACOURSE

New Registered Office Address:

757 SE 17TH STREET #1031

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida 33315

*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.*

  
James C. Lacourse  
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager  
AMBR = Authorized Member

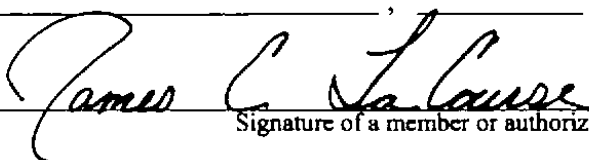
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of A</u>
MGR	JAMES C LACOURSE	757 SE 17TH STREET #1031	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAYLN E GIRARD	1126 S FEDERAL HWY 266	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for additional information or notes.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(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.  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of:  
(b) The 90th day after the record is filed.

Dated FEBRUARY 15, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JAMES C LACOURSE  
\_\_\_\_\_  
Typed or printed name of signer