

W19 000018236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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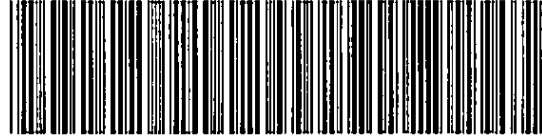
(Business Entity Name)

(Document Number)

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21 NOV 12 PM 3:03

T. MATTHEWS
NOV 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERSEVERANCE MARINE YACHTING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randall C. Stuewe

Name of Person

Perseverance Marine Yachting, LLC

Firm/Company

3901 Turtle Creek Blvd

Address

Dallas, TX 75219

City/State and Zip Code

RStuewe@darlingii.com

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

For further information concerning this matter, please call:

Dale Norris

816

421-2050

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

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

PERSEVERANCE MARINE YACHTING, LLC

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

21 SEP 12 PM 3:03

The Articles of Organization for this Limited Liability Company were filed on January 16, 2019 and assigned Florida document number L19000018236.

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)

3901 Turtle Creek Blvd

Dallas, TX 75219

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3901 Turtle Creek Blvd

Dallas, TX 75219

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	Randall C. Stuewe	3901 Turtle Creek Blvd	<input checked="" type="checkbox"/> Add
		Dallas, TX 75219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Creekside Developers LLC	920 Main Street, Suite 1020	<input type="checkbox"/> Add
		Kansas City, MO 64105 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Charbonneau	15910 Old US 41 N, Unit #200	<input type="checkbox"/> Add
		Naples, FL 34110 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV 12 PM 3:03

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 605.0207 (3)(b)

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 earlier of: (b) The 90th day after the record is filed.

Dated November 1, 2021

 Authorized Representative
Signature of a member or authorized representative of a member

Dale Norris, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00