## L19 000 035 691

(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



600394200666

10/03/22--01016--008 ++30.00

2022 OCT -3 PM 5: 23

C 12/2/12/22

## **COVER LETTER**

FO: Registration Se Division of Cor			
subject: <u>\$\\</u>	-lo Marine M Name of Limi	lanagement LLI	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Bease return all correspo	ndence concerning this matter t	to the following:	
	<u>Virginia</u> R	Name of Person	
	Premium C	Paplahs So Flo	Marine Management
	361 NW 3	334 Place	
	Deerfiel	L Beach FL 3 City/State and Zip Code	3064
	Premium ca	be used for future annual report notil	· COM ication)
For further information c	oncerning this matter, please ca		
Virginia Name o	3allew OPerson	$ \underline{\qquad}_{\text{Area Code}} \text{at } (\underbrace{909}_{\text{Daytime}}) \underline{\qquad}_{\text{Daytime}} $	e Telephone Number
Enclosed is a check for t	, .		
☐ \$25.00 Filing Fee	2 \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	
Division of C P.O. Box 63:	· · · · · · · · · · · · · · · · · · ·	Division of Cor The Centre of T	•
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	nasement, LLC 2022 OCT -3 PM 5: 23
(Name of the Limited Liability)	Company as it now appears on our records.) SECRED AT OF STATE TALL AHASSEE, FL
The Articles of Organization for this Limited Liability Cor Florida document number <u>L   900035691</u>	npany were filed on $O \propto O + \alpha O +$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite  Premium Yackt Care LL  The new name must be distinguishable and contain the words "Limite"	d Liability company here: d Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u>(SSS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

					·		
					···		
_			<u></u>			<del></del>	
					·	· · · · · · · · · · · · · · · · · · ·	
	-						
					<del></del>	<u> </u>	
				<del></del>	<del></del>		
lf an effec Note: H	e date, if other thar tive date is listed, the dat the date inserted in that's effective date on t	te must be specific ar his block does not	nd cannot be prior to meet the applicab	date of filing or more	(optiona than 90 days after fill equirements, this d	ing.) Pursuant to 605.02	:07 ( as t
e record nd is file	specifies a delayed eff d.	fective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th	1e
o Dated <sub>-c</sub>	September	26	<u> 2022</u>	_ •			
	3/1/						
		Signature of a	a member or authori	ized representative of	a member		