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JUN - 5 2019

COVER LETTER

TO:

TO:	Registration Sec Division of Corp					
end it		Management LLC				
SUBJE	.cr:	Name of Limit	ed Liability Company			
The end	closed Articles of A	Amendment and fee(s) are subm	itted for filing.			
Please	return all correspor	ndence concerning this matter to	the following:			
		Lucas Trimble				
		L.A Yacht Management	Name of Person			
		14617 78th Pi N	Firm/Company	***	<u> </u>	۲۰.۶
		Loxahatchee, FL 33470	Address			· · · · · · · · · · · · · · · · · · ·
		L.AYachtmanagement@gn				
For fur	ther information co	E-mail address: (to oncerning this matter, please cal	be used for future an	nual report notifi	ication)	• .
	Trimble	-	813	638-62489		
	Name of	Person	at (Area Code	Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:				
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy	у	Certified C	of Status &
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	Regi Divi Clift 2661	EET/COURH stration Section sion of Corpora on Building Executive Cen thassee, FL 32	ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L.A Yacht Management LLC				
(Name of the Limit	ed Liability Compa	ny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number L19000041853				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	<u>f the limited liab</u>	ility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	14617 78th Pl N		
(Principal office address MUST BE A STREE		Loxahatchee, FL 33470)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	14617 78th PI N Loxahatchee, FL 33470		
B. If amending the registered agent and	-		cords, enter the name of the	
registered agent and/or the new registered o	ttice address her	<u>e</u> :		
Name of New Registered Agent:	Lucas Trimble	·		
New Registered Office Address:	14617 78th PI	N		
		Enter Florida street	address	
	Loxahatchee		_, Florida ³³⁴⁷⁰	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agr	ee to act in this capacity	. I further agree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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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.

	g Authorized Person(s) authorized from our records:	zed to manage, enter the title, name, and	address of each person being add
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Trimble, Lucas	14617 78th PI N	
			Add
		Loxahatchee, FL 33470	
			Change
			Remove
			☐ Change
			☐ Change.
			□Ādd
			-? ⟨.⟩ □ Remove
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E. Effectiv	ve date, if other than the date of filing:	(optional)	
(If an effe Note:	ective date is listed, the date must be specific and carnot be prior to date of If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 6 tuttory filing requirements, this date will not be li	isted a
docume	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an e 90th day after the record is filed.	ffective time, at 12:01 a.m. on the ear	iler o
Dated 2	26th day of February 2019		
Daica_	lu	<u></u>	
	Signature of a member or authorized re	presentative of a member	
	Lucas Trimble		

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Filing Fee: \$25.00