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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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CMSN YACHTING LLC	

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S. PRATHER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or		₽,,
CMSN Yachting LLC			2021 F SECK LLAI
_	d Liability Company	y as It now appears on our records.)	
(	A Florida Limited Lia	ibility Company)	NOV 19
The Articles of Organization for this Limited Lia	bility Company w	ere filed on 03/18/2019	and assigned
Florida document number L19000075770			L 10 L 07 1 10
This amendment is submitted to amend the follow	wing:		: 28
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	hla		
• •		-1	
(Principal office address MUST BE A STREET	ADDRESS)		
			<del></del>
Enter new mailing address, if applicable:		<del></del>	
(Mailing address MAY BE A POST OFFICE B	(OX)		
B. If amending the registered agent and/or re-		dress on our records, <u>enter the </u>	aame of the new registered
agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
New Registered Office Address:	333 Las Olas Way	y, Suite 100	
	···	Enter Florida street address	***************************************
	Fort Lauderdale	, Florida	33301
		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
MGR	Jack Schneider	777 SOUTH FLAGLER DRIVE	≅Add
		SUITE 800 EAST	
		WEST PALM BEACH, FL 33401	
			□Add
			Remove
			Change
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is filed.	ve date, but not an effective time, at 12.01 a.m. on the earl	7
At	2021	021 LLA
November 19	2021	NOV MATA
* 1	725	2021 NOV 19 AM 10: SEURETARY OF STAT ALLAHASSEE, FLORI
	Signature of a member or authorized representative of a memb	V 19 AM
		M 10: 2 STATE LORID
Nicholas Nichols, Atto	• •>	7125