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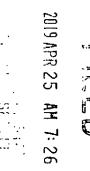
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C. GOLDEN
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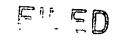
TO: Registration Se Division of Cor			
	N'S YACHT SERVICES, LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are submi	itted for tiling.	
Please return all correspo	ondence concerning this matter to	the following:	
	CAMERON MILLER		
		Name of Person	
	CAMERON'S YACHT SER	VICES, LLC	
		Firm/Company	
	572 41ST AVENUE NE		
		Address	
	ST. PETERSBURG, FLORI	DA 33703	
		City/State and Zip Code	
	CAPTAINCAMERONMILLI	-	
	E-mail address: (to	be used for future annual report notifica	tion)
For further information of	concerning this matter, please call	:	
Cameron Miller		727 403-4407	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 APR 25 AM 7: 26

CAMERON'S YACHT SERVIES,				
(Name of the Limit	d Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	13.57剂的
The Articles of Organization for this Limited Li Florida document number L19000101655	ability Company	were filed on 4/12/2019		and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
CAMERON'S YACHT SERVICES, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:	NO CHANGE		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		NO CHANGE		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	~		ecords, <u>enter the</u>	name of the new
New Registered Office Address:	***************************************	Enter Floruki stree	t address	
		City	, Florida	Zıp 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
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Effective date, if other than the date fan effective date is listed, the date must be so Note: If the date inserted in this block of document's effective date on the Depart	pecific and cannot be prior to loes not meet the applica	o date of filing or more thi	(optional) in 90 days after filing.) Pursu irements, this date will no	ant to 605.0207 (ot be listed as t
e record specifies a delayed eff The 90th day after the record		an effective time,	at 12:01 a.m. on th	e earlier of
Dated APRIL 23	. 2019	<u> </u>		
and the same and	(. (1.)			
JANUAM. MA	ature of a member or author			

Page 3 of 3

Filing Fee: \$25.00