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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Division of C	n Section Corporations		
eub iez		Lab LLC		
SUBJEC	,ı: <u></u>	Name of Li	mited Liability Company	
The encl	osed Articles	s of Amendment and fee(s) are su	ibmitted for filing.	
Please re	turn all corre	espondence concerning this matte	er to the following:	
		Thomas Edward Heinz		
			Name of Person	
			Firm/Company	
		5731 Sea Turtle Pl		
		Apollo Beach, Fl. 33572	Address	
		theinz3@verizon.net	City/State and Zip Code	Wineston X
For furth	ner informatio	e-man address: on concerning this matter, please	to be used for future annual report not call:	incation)
Thomas Edward Heinz		nz	813 477-4050	
	Nar	ne of Person		ne Telephone Number
Enclosed	l is a check fo	or the following amount:		
<b>■</b> \$25.	.00 Filing Fee	e S30.00 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 Add	dress: on Section	<u>Street Address:</u> Registration Se	ection
	_	of Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Kind Was Course		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>as.</u> )
The Articles of Organization for this Limited Liability Company  Torida document number	were filed on 05/23/2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
leinz Yacht Management LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		2024
Principal office address MUST BE A STREET ADDRESS)		: H
		PR III
inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	**	
<ul> <li>If amending the registered agent and/or registered office a gent and/or the new registered office address here:</li> </ul>	iddress on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	NN .
	, FI	lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ffective date, if other than the	date of filing:	(optional)	
iote: If the date inserted in this bl	t be specific and cannot be prior	to date of filing or more than 90 days after filing.) Pursuant to 605, able statutory filing requirements, this date will not be liste	0207
ocument's effective date on the D	epartment of State's records		u as
record specifies a delayed effectiv	e date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
is filed.		the war table and the war table and	unc
Febuary 03	2023		
	•	<del>-</del>	
<del></del>	Signature of a member or with	orized representative of a member	
	$\sim$ / .	•	
	V	MHS EDWARD HEINZ	
	Typed or print	ed name of signee	