

To:

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2024-06-11 16:13:25 GMT

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From: Paloma Duarte

6/11/24, 12:08 PM

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Division of Corporations

LP00013705

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC.
Account Number : I20200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YACHT ADVENTURES USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help **T. LEMIEUX**
JUN 12 2024

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ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

YACHT ADVENTURES USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on L19000173705 and assigned
Florida document number 7/3/2019.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

200 ATLANTIC AVE

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH - FL 33160

Enter new mailing address, if applicable:

200 ATLANTIC AVE

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH - FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRAZ SABINO, CARLOS A	200 ATLANTIC AVE	<input type="checkbox"/> Add
		SUNNY ISLES BEACH - FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PETRI, FRANCIELE	16400 COLLINS AVE #1945 TOWER 4	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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