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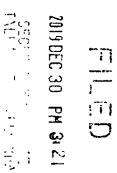
(Re	questor's Name)	
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COVER LETTER

	gistration Se ision of Cor			,
SUBJECT:	ANESIS Y	ACHT REPAIRS L.L.C.		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing	
		ndence concerning this matter		
		YAQUELIN ORTEZ		
			Name of Person	
			Firm/Company	
		951 SW 30TH ST APT.	2	
		FORT LAUDERDALE, F	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further in	iformation ec	oncerning this matter, please co	all:	
JOSUE A J	ANDRES		954 2795090 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
inclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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)
	ling Address	=	Street Address:	
Div		orporations	Registration Sec Division of Cor	
P.O	. Box 6327	7	The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANESIS YACHT REPAIRS L.L.C.		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Companies	any were filed on	and assigned
lorida document number L19000205758		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	')	
		20
Inter new mailing address, if applicable:		2019 DEC
••		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
If we then the state of the sta		
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our records, <u>ente</u>	er the name of the new regist
		-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	225.1
	Guye v urtaa Meye uuur	vas
	 ``	Norida
	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>	<u>Address</u>	Type of Action
MGR	YAQUELIN ORTEZ	951 SW 30TH ST	🗆 Add
		FORT LAUDERDALE, FL 33315	■Remove
			□Change
MGR	JOSUE A JANDRES	951 SW 30TH ST APT. 2	= Add
		FORT LAUDERDALE, FL 33315	□Remove
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
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			☐ Change
			□Add
			□Remove
			∏Change

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ffective date, if other than the can effective date is listed, the date must	date of filing:		(option	al)
an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the a	ipplicable statutory fil	more than 90 days after fil ing requirements, this d	ing.) Pursuant to 605,0207 ate will not be listed as
record specifies a delayed effective Lis filed.	date, but not an effec	tive time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
December 26	2019			
alcu	7/11	·		
(//	SUTT-			

Filing Fee: \$25.00

Typed or printed name of signee