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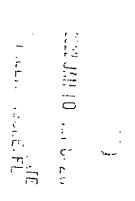
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## **COVER LETTER**

TO: Registration S Division of Co			
SAILFISH SUBJECT:	COVE STUART, LLC		
SUBJECT:	Name of Lin	uted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Cory S. Carano, Esq.		
		Name of Person	
	Kelley & Grant, P.A.		
		Firm/Company	
	370 Camino Gardens Blvd	I, Ste. 301	
		Address	
	Boca Raton, FL 33432		
		City/State and Zip Code	<del></del>
	cory@kelleygrantlaw.com		
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)
Cory Carano		561 672-1161	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Addres Registration 9		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, 1			allahassee e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JAM 10 AL 6-20

#### SAILFISH COVE STUART, LLC

(Name of the Limited Liability ( A Florida Li	Company as it now appears on our records. mited Liability Company)	, JE
The Articles of Organization for this Limited Liability Com	pany were filed on MAY 1, 2021	and assigned
Florida document number L20000029910		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		-
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	ffice address on our records, <u>enter th</u>	e name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

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
AMBR	GEORGE HART	131 SW FLAGLER AVE	□Add
		STUART, FL 34994	□Remove
AMBR	MICHAEL BATT	350 MADISON AVE, 21ST FL	<b>=</b> Add
		NEW YORK, NY 10017	□Remove
		<del></del>	□Change
	CERTARES PARTNERS	350 MADISON AVE. 21ST FL	
		NEW YORK, NY 10017	■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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	_	<del></del>		
ffective date, if other than	the date of filing:		(antion)	.in
ffective date, if other than an effective date is listed, the date lote: If the date inserted in thi	must be specific and cannot	be prior to date of filing	or more than 90 days after fili	ng.) Pursuant to 605.02
ocument's effective date on th	e Department of State's i	ecords.	tiling requirements, this di	de will not be listed :
record specifies a delayed effe Lis filed.	ctive date, but not an effe	ective time, at 12:01 a	um. on the earlier of: (b)	The 90th day after th
r is med.				
January 4	2022	2		
2h 0 A	· -	·		
<del> 3 / 11</del>	Signature of a member	or authorized represent	ative of a member	<del></del>

Filing Fee: \$25.00