## LZ0000138441

| (Red                      | questor's Name)   |           |
|---------------------------|-------------------|-----------|
|                           |                   |           |
| (Add                      | dress)            |           |
|                           |                   |           |
|                           | dress)            |           |
| (Add                      | ness)             |           |
|                           |                   |           |
| (City                     | //State/Zip/Phone | #)        |
|                           |                   |           |
| PICK-UP                   | ☐ WAIT            | MAIL      |
|                           |                   |           |
| (Dua                      | inna Entite Nam   |           |
| (Bus                      | siness Entity Nam | e)        |
|                           |                   |           |
| (Doc                      | cument Number)    |           |
|                           |                   |           |
| Certified Copies          | Certificates      | of Status |
|                           | •                 |           |
|                           | ==:               | -         |
| Special Instructions to F | Filing Officer:   |           |
|                           |                   | ]         |
|                           |                   |           |
|                           |                   |           |
|                           |                   | 1         |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |

Office Use Only



200352057052

10/23/20--01006--020 \*\*25.00

FILED

SIGNORT-ROPH SHOP

SIGNORD REPORTS OF THE BOTH SHOP

SIGNORD REPORT

## **COVER LETTER**

Tallahassee, FL 32314

| SHRIFC          | A.M YAÇI  | ALEX WILLEMSE  Name of Person  A.M YACHT DETAIL LLC  Firm/Company  2424 N FEDERAL HWY SUITE 411  Address  BOCA RATON, FL 33431  City/State and Zip Code  INFO@ASGTAX.COM  E-mail address: (to be used for fature annual report notification)  concerning this matter, please call:  3561  Area Code  Area Code  Daytime Telephone Number  Status & Certificate of Status  Certified Copy (additional copy is enclosed)  ESS:  Street Address: |  |   |  |
|-----------------|---|---|--|---|--|
| SOBJEC          | · 1 ·   | Name of Lim   | ited Liability Company   |   |  |
| The enclo       | Division of Corporations  AM YACHT DETAIL LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ALEX WILLEMSE  Name of Person  AM YACHT DETAIL LLC  Firm/Company  2424 N FEDERAL HWY SUITE 411  Address  BOCA RATON, FL 33431  City/State and Zip Code  INFO@ASGTAX.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ALEX WILLEMSE  Name of Person  Area Code  Name of Person  Area Code  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed) |   |  |   |  |
| Please re       | turn all correspo   | ondence concerning this matter  | to the following:  |   |  |
|                 |   | ALEX WILLEMSE   |  |   |  |
|                 |   |   | Name of Person   | <del></del>   |  |
|                 |   | A.M YACHT DETAIL LI   | LC   |   |  |
|                 |   |   | Firm/Company   |   |  |
|                 |   | 2424 N FEDERAL HWY  | SUITE 411  |   |  |
|                 |   |   | Address  | 11  |  |
|                 |   | BOCA RATON, FL 3343   | l  | ode  nual report notification)  843-0219  Daytime Telephone Number  Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  84 Address: istration Section sion of Corporations |  |
|                 |   | _   | Address  OCA RATON, FL 33431  City/State and Zip Code  FO@ASGTAX.COM  E-mail address: (to be used for future annual report notification)  ming this matter, please call:  3843-0219  at (Area Code)  Area Code  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  Registration Section  Division of Corporations  Tations  Division of Corporations |   |  |
| For furthe      | er information c  |   | ·  | al report notification)  843-0219  Daytime Telephone Number  c & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Address: tration Section ion of Corporations                |  |
| ALEX W          | /ILLEMSE  |   |  |   |  |
|                 | Name o  | t Person  |  | ne Telephone Number   |  |
| Enclosed        | is a check for the  | he following amount:  |  |   |  |
| <b>■</b> \$25.0 | 00 Filing Fee   |   | Certified Copy   | Certificate of Status & Certified Copy  |  |
|                 | Registration 5<br>Division of C   | Section<br>Corporations   | Registration Se<br>Division of Co  | rporations  |  |
|                 | P.O. Box 632  | .7  | The Centre of Tallahassee  |   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A.M YACTH DE | FAIL. | LLC |
|--------------|-------|-----|
|--------------|-------|-----|

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

| The Articles of Organization for this Limited E<br>Florida document number L20000138441   | iability Company   | were filed on <u>06/08/2020</u>   | and assig  | ned            |  |
|---|--|---|--|----------------|--|
| This amendment is submitted to amend the following  | lowing:  |   |  |                |  |
| A. If amending name, enter the new name of  | mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  v name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  2424 N FEDERAL HWY SUITE 411 |   |  |                |  |
| The new name must be distinguishable and contain the  | words "Limited Liabi   | lity Company," the designation "LLC" or th  | ne abbreviation "L.L.                                      | C."            |  |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |  | 2424 N FEDERAL HWY SUITE 41   | l  |                |  |
|   |  | ility Company here:  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  2425 N FEDERAL HWY SUITE 411  Enter Florida street address  City  Florida  33431  City  2ip Code  2ive to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605. F.S. Or, if this document is address, I hereby confirm that the limited liability   | BOCA RATON, FL 33431                                       |                |  |
|   |  |   | <del></del>  |                |  |
| Unter your mailing address of applicable.   |  | 2424 N FEDERAL HWY SUITE 411  |  |                |  |
| ••  | BOX)   | BOCA RATON, FL 33431  |  |                |  |
| agent and/or the new registered office addre  | ess here:  |   | name of the rev  |                |  |
|   | 2424 N FEDERAL HWY SUITE 411   |   | 2 65   | U              |  |
| new ivegistered office Address.   | Enter Florida street address   |   | gn c   |                |  |
| BOCA RATON  |  | d contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  Dicable:  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  Dicable:  2424 N FEDERAL HWY SUITE 411  BOCA RATON, FL 33431  Dicable:  ACCOUNTING SPECIALTY GROUP  BOCA RATON  Florida 33431  City  Florida 33431  City  Tip Code  If changing Registered Agent:  as registered agent and agree to act in this capacity. I further agree to comply with the to the proper and complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 605, F.S. Or, if this document is mage in the registered office address. I hereby confirm that the limited liability ting of this change. |  |                |  |
| New Registered Agent's Signature if changing  | Registered Agents  | •   | Zip Code   |                |  |
| I hereby accept the appointment as registere<br>provisions of all statutes relative to the prop<br>accept the obligations of my position as reg-<br>being filed to merely reflect a change in the | ed agent and agr<br>per and complete<br>istered agent as p<br>registered office<br>change.   | ee to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. of address, I hereby confirm that the   | im familiar with<br>Or, if this docum<br>Ilmited liability | and<br>ient is |  |

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         | MONTANA R HUGHES | 14951 ROYAL OAK LANE 1708    |                |
|              |                  | NORTH MIAMI, FL 33181        | ■Remove        |
|              |                  | ~-                           | 🗆 🗆 Change     |
| AMBR         | ALEX WILLEMSE    | 2424 N FEDERAL HWY SUFTE 411 | <b>=</b> Add   |
|              |                  | BOCA RATON, FL 33431         |                |
|              |                  |                              | □Change        |
|              |                  | □Add                         |                |
|              |                  |                              | □Remove        |
|              |                  |                              | DChange        |
|              |                  |                              |                |
|              |                  |                              | □Remove        |
|              |                  |                              | □Change        |
|              |                  |                              | □Add           |
|              |                  |                              | □Remove        |
|              |                  |                              | □Change        |
|              |                  |                              | □Add           |
|              |                  |                              | □Remove        |
|              |                  |                              | □ Change       |

| ·   |   | <del> </del>         | <del></del>                           | ·  | <del>-</del>           |                      |
|---|---|----------------------|---------------------------------------|--|------------------------|----------------------|
|   |   |                      | <u></u> .                             |  |                        |                      |
|   |   |                      |                                       |  |                        |                      |
|   | <del></del>                             |                      |                                       |  |                        |                      |
|   |   |                      |                                       |  |                        |                      |
|   | <u> </u>                                | <u></u>              | -                                     | <del></del> -  | <del></del>            |                      |
|   |   |                      |                                       | ·-   |                        |                      |
|   |   |                      |                                       | <del></del> .  |                        |                      |
|   |   |                      |                                       |  |                        |                      |
| -   |   |                      |                                       |  |                        |                      |
| · ·   |   |                      |                                       |  |                        |                      |
|   |   |                      |                                       | _ <del></del>  |                        |                      |
|   | <del></del>                             |                      |                                       |  |                        |                      |
| <del></del>   |   | ·                    | · · · · · · · · · · · · · · · · · · · | <u> </u>   |                        |                      |
|   |   |                      |                                       |  |                        |                      |
|   |   |                      |                                       |  |                        |                      |
|   | · · · · · · · · · · · · · · · · · · ·   |                      |                                       |  | <del>-</del>           |                      |
|   |   |                      | -                                     |  | <del></del> -          |                      |
|   |   |                      |                                       |  |                        |                      |
|   |   |                      |                                       |  |                        |                      |
| Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | be specific and cannot does not meet to | the applicable sta   | of filing or more the                 | (option<br>an 90 days after fil<br>airements, this d | ling.) Pursuant to 605 | .0207 (3<br>ed as th |
| ne record specifies a delayed effective ord is filed.   | date, but not an e                      | ffective time, at    | 12:01 a.m. on the                     | earlier of: (b)                                      | The 90th day after     | r the                |
| Dated OCTOBER 15  |   | 020                  |                                       |  |                        |                      |
| 9   | 77                                      |                      |                                       |  |                        |                      |
|   | Signature of a memb                     | per or authorized re | presentative of a n                   | nember   |                        |                      |
| MONTANA R HUGHE   | 2                                       |                      |                                       |  |                        |                      |
|   |   | ed or printed name   | of signee                             |  |                        |                      |

Filing Fee: \$25.00