120000138616

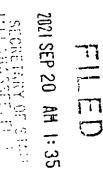
(Requestor's Name)
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COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	M&M YAC	CHTS LLC			
SOBJECT.	Name of Limited Liability Company				
The enclosed	l Articles of .	Amendment and fee(s) are sub	emitted for filing.		
		ndence concerning this matter	•		
		JOSE F MARTINEZ			
			Name of Person		
		M&M YACHTS LLC			
			Firm/Company		
		1001 NEW YORK AVE			
		·			
		JFM@ELITEMCO.COM	City/State and Zip Code		
			to be used for future annual report notif	ication)	
For further in	aformation co	oncerning this matter, please ca	all:		
JOSE F MA	RTINEZ		321 895-0555 at ()		
	Name of	Person		Telephone Number	
Enclosed is a	check for th	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 gistration S		Street Address: Registration Sec	tion	

Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [] [] [] OF

2021 SEP 20 AM 1: 36

M&M YACHTS LLC

SECRETARY OF STATE

(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 Li. Florida document number L20000138616	ability Company	were filed on $\frac{05/2}{}$	1/2020	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company hero	<u>e</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the desi	ignation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applica	able:	1001 NEW YOR	K AVE	
(Principal office address MUST BE A STREE		SAINT CLOUD, FL 34769		
Enter new mailing address, if applicable:		1001 NEW YORK AVE		
(Mailing address MAY BE A POST OFFICE I	3 <i>OX</i>)	SAINT CLOUD,	FL 34769	
		·		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	egistered office a s here: JOSE F MART		ords, <u>enter the name</u>	of the new registered
New Registered Office Address:	1001 NEW YO	ORK AVE		
New Registered Office Address.		Enter Florida	a street address	
	SAINT CLOUI	D	, Florida	69-3737
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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
MBR	JOSE F MARTINEZ	1001 NEW YORK AVE	= Add
		SAINT CLOUD, FL 34769	□Remove
			□Change
MBR	MIGDALY MARTINEZ	1001 NEW YORK AVE SAINT CLOUD, FL 34769)
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
	 		□Add
			□Remove
			□ Change

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(If an effect Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	/06 2021
Datasi 08	·
Dated	/ /
Dated	
Dated	Signature of a member of authorized representative of a member