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COVER LETTER

Division of	Corporations		
COLLI SUBJECT:	ECTION YACHTS LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	s of Amendment and fee(s) are subn	nitted for filling.	
Please return all corre	espondence concerning this matter to	o the following:	
	Michael Relyca		
	-	Name of Person	
	Collection Yachts LLC		
	-	Firm/Company	
	4444 El Mar Drive, Apt. 30	2	
		Address	
	Lauderdale By The Sea, FL	33308	
	Address Lauderdale By The Sea, FL 33308 City/State and Zip Code michael@collectionyachts.com E-mail address: (to be used for future annual report notification)		
	·		cation)
For further information	on concerning this matter, please cal	H:	
Michael Relyea		954 616-7352	
Nan	me of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fee	e ☐ \$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)
M	AILING ADDRESS:	STREET/COURIE	

Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLECTION YACHTS LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records Limited Liability Company)	(d5*)
The Articles of Organization for this Limited Liability C	Company were filed on 06/22/2020	and assigned
Florida document number L20000172893	<u> </u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	2020 NO SECURIO TABLE
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LI	C" or the abbreviation "EL.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADD	RESS)	2 3 3
		<u> </u>
		00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ado		ds, enter the name of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		·lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed 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
MGR	Jennifer Harrington Relyea	4444 El Mar Dr Apt, 302 Lauderdale By The Sea, Florida 33308	Add
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
		-	
			Remove
			□ Change
			□ Remove
			Change

				
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JL 2				
				
 		<u> </u>		
fective date, if other than the d	ate of filing:		(optional)	
fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block beament's effective date on the Department.	be specific and cannot be prior ik does not meet the applica-	able statutory liling requi	90 days after filing.) Pursuant to rements, this date will not be	605.0207 : listed as
record specifies a delayed The 90th day after the reco		t an effective time,	at 12:01 a.m. on the e	arlier of
November 23	2020			
1/6-5	ignature of a member or author			_
/ S	ignature of a member or author	orized representative of a me	ember	

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Filing Fee: \$25.00