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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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AUG 2 2022 S. PRATHER

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
West Flori	da Yacht Management LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	-
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brian Smith		
		Name of Person	
		Firm/Company	
	201 E Kennedy Blvd STE	1700	
	_	Address	
	Tampa, FL 33602		
	brian@lcgadvisors.com	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)
Brian Smith		813 486-2950	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

West Florida Yacht Management LLC		B22 F
(<u>Name of the Limited Liabilit</u> (A Florida	Y Company as it now appears on our records.) Limited Liability Company)	B22 HAY 27
The Articles of Organization for this Limited Liability C Florida document number 120000233170	ompany were filed on 08/04/2020	and assigned (1)
This amendment is submitted to amend the following:		12 DA
A. If amending name, enter the new name of the limi	ted liability company here:	
West Florida Yacht & Marine, LLC		
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la Zip Code
	City.	rap conte

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
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			□Remove
			□Change
			□Add
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reffective date is listed, the date must be tel. If the date inserted in this block				
rument's effective date on the Dep	partment of State's records	s.		
cord specifies a delayed effective of stilled.	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
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ed 24th Day of May	2022			2022 MAY 27 ALLAHASSE
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	ignature of a member or auth	horized representative of a	member	PM 6: 12
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