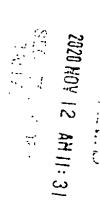
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LA 12/17/20

COVER LETTER

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ello icz		T LUXURY YACHT CHART	ERS, LLC	*		
SUBJEC	-1: <u> </u>	Name of Lim	ited Liability Company			
The enci	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Lisa Zahorian				
			Name of Person			
	TAX & FINANCIAL STRATEGISTS LLC Firm/Company					
		28089 VANDERBILT DR., SUITE 201				
		Address				
		BONITA SPRINGS, FL 34134				
		LISA@WONDERTAX.CO	City/State and Zip Code			
		E-mail address: (to be used for future annual repo	off notification)		
For furth	er information o	concerning this matter, please c	all:			
LISA ZA	AHORIAN		239 405-8	395		
	Name (of Person	at () Area Code	Daytime Telephone Number		
Enclosed	Lis a check for t	he following amount:				
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		<u>Street Addr</u> Registratie			
	Division of C		_	on Section of Corporations		
	P.O. Box 631			e of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KEY WEST LUXURY YACHT CHA	ARTERS, LLC	
(Name of the Limited	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L20000333260	oility Company were filed on 10-20-2	020 and assign
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	ne limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applical	de:	
(Principal office address MUST BE A STREET	ADDRESS)	20 20 NO V
Enter new mailing address, if applicable:		72
(Mailing address MAY BE A POST OFFICE BO	<u></u>	= = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or reg agent and/or the new registered office address		ls, <u>enter the name of the new ro</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
		. Florida
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
AMBR	JEFF GAGNON	17163 CORAL DR	□ Add
		SUGARLOAF KEY, FL 33042	≡ Remo
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Signature of a member or authorized representative of a member					_	
	× /		- /			
BRENT MEYER	X/	Signature of a n	nember or authorized	representative of a me	ınber	

Filing Fee: \$25.00