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2022 OCT 17 PM 1: 3C SECRETARY OF STATE

## **COVER LETTER**

	egistration Sc ivision of Cor			
011011000	The yacht (	Group LLC		
SUBJECT	;	Name of Lir	nited Liability Company	<del></del> -
The enclos	ed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retu	m all correspo	ondence concerning this matte	r to the following:	
		Gerald Berton		
			Name of Person	
		The Yacht Group LLC		
			Firm/Company	
		4545 ponce de leon Blvd		<b>20</b>
			Address	77.0 77.0 77.0
		Coral gables, Fl 33146		2022 OCT 17 PM 1: 30 SEGRETARY OF STATE TALLAHASSEE, FL
			City/State and Zip Code	77 P
		Jerry@theyachtgroup.com		
For further	information c	E-mail address: oncerning this matter, please	(to be used for future annual report notific	ation)
gerald bert		7-81-	305 725 0500 - at ( )	
	Maine o	f Person		elephone Number
Enclosed is	s a check for th	ne following amount:		
<b>©</b> \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Jailing Addres		<u>Street Address:</u> Registration Secti	ion
	egistration Sivision of C		Division of Corpo	
P.	.O. Box 632	7	The Centre of Tal	lahassee
T	allahassee, l	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the Yacht group IIc	
(Name of the Limited Li (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ity Company were filed on 1/8/2021 and assigned
This amendment is submitted to amend the followin	
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited 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 A	DDRESS)
Enter new mailing address, if applicable:	202 
(Mailing address MAY BE A POST OFFICE BOX	ALE OC T
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of the new registers
Name of New Registered Agent:	——————————————————————————————————————
New Registered Office Address:	Enter Florida street 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 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>	Address	Type of Action
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			□Remove
			□Change
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		Oct 12, 20	าว					
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Typed or printed name of signee