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	Division of Corporations						
	Fax Number : (850)617-6383						
From	m:						
	Account Name : LEGALZOOM.COM INC.						
	Account Number : I20010000062						
٠.	Phone : (323)962-8600 Fax Number : (323)962-3889						
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	LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATURE YACHT SERVICES LLC Certificate of Status 0	ESIGN					
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Corporate Filing Menu

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For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is onclosed)

E-mail address: (to be used for future annual report notification)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) From: Sarah Acevedo

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SIGNATURE YACHT SERVICES LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company (A Florida Limited Lia	ns it now appears on our r bility Company)	ecords.)	
The Articles of Organization for this Limited Li Florida document number L21000197446	ability Company w	ere filed on 04/28/2021	and assi	gned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.I	L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
				
B. If amending the registered agent and registered agent and/or the new registered of	or registered offi fice address here:	ce address on our re	cords, enter the name	of the new
Name of New Registered Agent:	fason D Imler			
New Registered Office Address:	2119 N 31st Rd			
		Enter Florida street	uldress 2	
	Hollywood	Citv	Florida $\frac{33021}{Zip Code}$	
New Registered Agent's Signature, if changing	Registered Agent:	Cair		• • •
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	ed agent and agree for and complete p stered agent as pr registered office a	erjormance oj my auu ovided for in Chapter	es, and Lam jammar Wit 605, F.S. Or, if this docu	ment is

_□ Change

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BRANDON WELLS	2119 N 31st Rd., Hollywood, FL 33021	
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e red The	cord specifies a d 90th day after t	elayed effectiv he record is file	e date, but not ed.	an effective ti	ime, at 12:01 a.m. on the	e earlier of:
ated	10/27/2021		2021			
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		J L	oorn Mulic			_
		Signature	OSM Myli. of a member or authori	zed representative	of a member	

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Filing Fee: \$25.00