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## **COVER LETTER**

(adantional copy is enclosed) Certified Copy	TO: Registration Division of C			
Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Michael P. Peterson, Esq.  Name of Person  Peterson, Baldor & Maranges, PLLC  Firm/Company  8000 SW 117 Avenue, Suite 206  Address  Miami, Florida 33183  City/State and Zip Code  michael@pbmlegal.net  Femail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  at (	MCG Ya	ehts, LLC		
Please return all correspondence concerning this matter to the following:    Michael P. Peterson, Esq.	SUBJECT:	Name of Lin	nited Liability Company	
Michael P. Peterson, Esq.  Peterson, Baldor & Maranges, PLLC  Firm/Company  8000 SW 117 Avenue, Suite 206  Address  Miami, Florida 33183  City/State and Zip Code  michael@pbmlegal.net  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  Area Code  S25.00 Filing Fee  Certificate of Status & Certified Copy  (adantomal copy is enclosed)  Certificate of Status & Certified Copy  (adantomal copy is enclosed)  Certificate of Status & Certified Copy  (certificate of Status & Certified Copy)  (certificate Of Status & Certified Copy)  (certificate Of Status & Certified Copy)	The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Name of Person  Peterson, Baldor & Maranges, PLLC  Firm/Company  8000 SW 117 Avenue, Suite 206  Address  Miami, Florida 33183  City/State and Zip Code michael@pbmlegal.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  at (	Please return all corres	pondence concerning this matter	to the following:	
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Address  Miami, Florida 33183  City/State and Zip Code michael@pbmlegal.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  Same of Person  Area Code  S25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Address  Miami, Florida 33183  City/State and Zip Code michael@pbmlegal.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  Area Code  Daytine Telephone Number  S60.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed) Certified Copy		Peterson, Baldor & Maran	iges, PLLC	
Address    Miami, Florida 33183			Firm/Company	<del></del>
Miami, Florida 33183  City/State and Zip Code michael@pbmlegal.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  Same of Person  Name of Person  Same of Person  Tenclosed is a check for the following amount:  Same of Sa		8000 SW 117 Avenue, Su	ite 206	
City/State and Zip Code  michael@pbmlegal.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael P. Peterson  305 270-3773  at (			Address	
E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Michael P. Peterson		Miami, Florida 33183		
E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Michael P. Peterson			City/State and Zip Code	
For further information concerning this matter, please call:  Michael P. Peterson  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Bigsim \text{\$\frac{305}{4}\$ Certified Copy} Certified Copy (additional copy is enclosed)  Certified Copy				
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{l} \text{substitute} \text{S55.00 Filing Fee & } \text{S55.00 Filing Fee & } \text{Certificate of Status} \text{Certified Copy}	For further information			uncanony
Enclosed is a check for the following amount:  \$\begin{align*} \begin{align*} \text{ \$\text{S}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Michael P. Peterson		305 270-3773	
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Mailing Address:  Registration Section  Street Address:  Registration Section				ection
Division of Corporations Division of Corporations	Division of	Corporations	Division of Co	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCG Yachts, LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I Florida document number $\frac{1.21000279453}{1.21000279453}$	iability Company	were filed on <u>06/14/2021</u>	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	pility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		515 North Flagler Drive			
		Suite 210			
		West Palm Beach, Florida 33401-4322			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		515 North Flagler Drive			
		Suite 210			
		West Palm Beach, Florida 33401-4322			
B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	ess here:	address on our records, enter the nam or & Maranges, PLLC	ne of the new regist		
	8000 SW 117 Avenue, Suite 206				
New Registered Office Address:		Enter Florida street address			
	Miami	Florida <u>3</u> 3	\$183 - <del>C</del> -		
	- <del></del>	City	Zip Code 💆		
New Registered Agent's Signature, if changing	Registered Agent;		َ بِي		

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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record specifies a delayed effectiv is filed.	e date, but not an	effective time	e, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after th
October 9th	·	2021				
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ated October 9th	1/6		ed representative	of a member		_

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