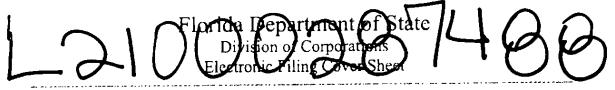
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000246227 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC

Account Number : I20210000090 : (305)529-5440 Phone

: (385)238-7733 not working Fax Number

fax to (305)529-5441

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMODORE YACHTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Se Division of Cor				
	ORE YACHTING LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lendy Pacho			T.
		Name of Person		202 SE(
	360 Corporate Solutions L	.LC		2021 JUN 23 PM 2:57 SECRETARY OF STATE ALLAHASSEE, FLORIDA
		Firm/Company		38.8 7.8.5 8.8.7
	2600 S Douglas Rd Ste 80	0		P
		Address		1.5. A
	Coral Gables, FL 33134			57
		City/State and Zip Code		
	lpacho@gemrtcpa.com			
		to be used for future annual report not	ification)	
For further information of	oncerning this matter, please c	all:		
Lendy Pacho		305 529-5440		
Name o	f Person	Area Code Daytin	ie Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		<u>Street Address:</u> Registration Sc	ction	
Registration Section Division of Corporations		Division of Co	porations	
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314		2413 18. MONTO	c succe, suite or	v

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records. imited Liability Company)	<u> </u>
mpany were filed on <u>06/21/2021</u>	and assigned
d liability company here:	
d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u>SS)</u>	
office address on our records, <u>enter tl</u>	he name of the new registered
·	
Enter Florida street address	
2 /1/2 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.2 0.	
, Flor	• •
	d liability company here: d Liability Company," the designation "LLC" SS) office address on our records, enter the

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, 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
MGR	Bernardo Fort	2600 S DOUGLAS RD STE 800	\ Add
		Coral Gabies, FL 33134	□Remove
			□Change
MGR	BFLS MANAGEMENT SERVICES, LIC	2600 S DOUGLAS RD STE 800	□Add
		CORAL GABLES, FL 33134	≣Remove
			□Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			DChange
			□Add
			□Remove
			Change

From:, , ,

Filing Fee: \$25.00