L21000387393

Office Use Only



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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Lets	o go yacht Name of Lim	Services LC		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Adrid Nic	Name of Person	mines	
	1449 NE 15	4th Ter N.MB. Address		
	North Miani	Book FL 3311 City/State and Zip Code	62	
	Animaro 57 E-mail address: (to be used for future annual report noti	fication)	
For further information cor	icerning this matter, please c	all:	2021 : Tr	
Actric N. () Name of I	olderon	at (786) 440 · Area Code Daytim	4298 EP -1 3	***
Enclosed is a check for the	following amount:		<u> </u>	
Ճ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
M-85- 4.4		Sa		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lets go yac	ht Services (L Liability Company as it now appears on our rec A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lial Florida document number <u>L 210003873</u>	_ ()	30.202 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical (Principal office address MUST BE A STREET	ble:	.I.C" or the abbreviation "L.IC."
Enter new mailing address, if applicable: (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		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
	,	Florida
	•	r

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
AMBR	Karla Marina Madusez	1449 NE 1544 TE-	□Add
		North Ham Brach 72 33162	KRemove
			□Change
MGR	Adud Nicolle Colderon	1449 ME 1544 TEC	🗆 Add
		North momi Beach Fl 3316	Z_ □Remove
			⊠ Change
A <u>mbr</u>	Astrid Nicolle Colderon	1449 NE 154th Tec	[∑ *Add
		North Highi Beach FL 33 62	□Remove
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Effective data :		£ EV			(optional		-
(If an effective date in Note: If the date	if other than the date is listed, the date must be seeinserted in this block of tive date on the Depart	specific and cannot be does not meet the	applicable statuto	ing or more than 90 ry filing requiren	days after filing	g.) Pursuant to 60	05.0207 (3 sted as th
ascament 5 cite		e, but not an effec	tive time, at 12:0	l a.m. on the earl	ier of: (b) T	he 90th day af	ter the
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