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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HIGHEST EXPECTATIONS YACHT CHARTERS LLC

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HIGHEST EXPECTATIONS YACHT	CHARTERS LLC	7 % %
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	子 5 5 7
The Articles of Organization for this Limited Liab		and assigned
Florida document number L21000472061	 '	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
P		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or reg		e name of the new registered
agent and/or the new registered office address	<u>iere</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	City	гр Соас

New Registered Agent's Signature, if changing Registered Agent:

14154847068

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
MGR	GREENE, RACHEL	440 SHERWOOD FOREST DR	
		DELRAY BEACH, FL 33445	≡ Remove
			☐ Change
MGR	YOUNG, CONSUELO	1200 S OCEAN BLVD APT 6H	□Add
		BOCA RATON, FL 33432	Remove
			Change
			□Add
			Remove
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			Change
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Department's	be specific and cannot be p ck does not meet the app	plicable statu	filing or more tha story filing requ	(option n 90 days after fi irements, this c	ling.) Pursuant to	605.020 listed a
record specifies a delayed effective Lis filed.	date, but not an effective	ve time, at 12	t:01 a.m. on the	earlier of: (b)	The 90th day a	fler th
November 3rd	2021	·				
ated November 3rd CLMann	Signature of a member or a					