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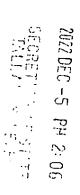
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:   Jachtine Miami LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carmenates Law Firm, P. A.
E(C
Firm/Company
3905 NW 107 AVE Ste. 304
DOPAL, FL. 33178
City/State and Zip Code  Nelson C Car menates law · Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Nelson Carmenates  at (186) 636-7034  Area Code Daytime Telephone Number
Encloyed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yachtime Miai	mi, UC	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L 270001	Company were filed on $0/13/27$ 9.770	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, , ,	. 23
(Principal office address MUST BE A STREET ADD	DRESS)	22.5
		[語 ]
		F. 6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	F., 19 11	<del></del>
	Enter Florida street address	
	, Florid	aZip Code

## 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>	Name	Address	Type of Action
MbR	David loarcia Baquero	7751 NW 107 Ave	□Add
	'	Unit 817	[]Remove
		Doral, FL, 33178	□Change
			□Add
			□Remove
			Change 22 DI
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ve date, if other than the cetive date is listed, the date must of the date inserted in this blocant's effective date on the Dep	date of filing:  be specific and cannot be prior  ck does not meet the applic	cable statutory filing i	(option e than 90 days after fi requirements, this d	t <b>al)</b> ling.) Pursuant date will not b	to 605.020 be listed a
specifies a delayed effective d.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th da	y after the
	202	7/			
- 1	$\sim \sim 2$	T. /			