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SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 25 AH 7: 26 SECRETARY OF STATE

O SIMMONS

APR 1 1 2022

COVER LETTER

	stration Se sion of Cor			
			YACHTS LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return o	all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		<u></u>	Firm/Company	
		17350 STATE HWY 249,	#220	
			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
For further inf	ormation c	oncerning this matter, please co	to be used for future annual report notification) all:	
LOVETTE D	OBSON		1 888-462-3453	
	Name o	ť Person	at () Area Code Daytime Telephor	e Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres stration S		Street Address: Registration Section	
Divi	sion of C	orporations	Division of Corporation	
	Box 632 ahassee, I	7 FL 32314	The Centre of Tallahass 2415 N. Monroe Street.	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

2022 MAR 25 AM 7: 26

If Changing Registered Agent, Signature of New Registered Agent

CLOUD YACHTS LLC SECRETARY OF STATE	
(Name of the Limited Liability Company as it now appears on our recorded EE, FL (A Florida Limited Liability Company) IALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/07/2022}{}$ and assigned Florida document number $\frac{1.22000022480}{}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	-
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	_
	_
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	-
	-
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here:	ered
Name of New Registered Agent:	
	_
New Registered Office Address: Enter Florida street address	_
, Florida, Zip 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 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jhosue Valoes	1150 Nw 72nd Ave Tower I Ste 455 #5707	= Add
		Miami, FL 33126	□Remove
			□Change
			□Add
			□Remove
			🗀 Change
	•44		
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

If amending any other inform	ation, enter change(s) here:	(Attach additional shee	as, if necessary.)	
			<u> </u>	
				
				
Effective date, if other than the lift an effective date is listed, the date made in this lift the date inserted in this lift document's effective date on the lift.	ust be specific and cannot be prior to block does not meet the applicat			
e record specifies a delayed effecti rd is filed.	ve date, but not an effective tim	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
Dated March, 18	2022	<u>.</u> . ·		
	Signature of a member or author	<u>Nandelsters</u> ized representative of a metr	her	
	Zachary Ma		iroi	
		name of signee		

Filing Fee: \$25.00