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From: N	lathaly Cuartas	Fax: 19542450340	To: Agent Amnd Florida	Fax: (850) 617-6383	Page: 3 of 6	02/24/2022 5:01 PM
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3	UBJECT:		Name of Limited Liabili	ty Company		
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·	lease return all	correspondence conce	rning this matter to the foll	owing:		
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	•			ne and Zip Code ARTAS@TAXCAREI	NC.COM	
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·	for further info	rmation concerning thi	s matter, please call:	· ·		•
		ALEX QUINTERO		(786) 636	7749	
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02/24/2022 5:01 PM Fax: 19542460340 To: Agent Amnd Florida Fax: (850) 617-6383 Page: 4 of 6 From: Nathaly Cuartas ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF MCY YACHT SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _01/24/2022 and assigned 1.22000041816 Florida document number 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 "L.L.C." Enter new principal offices address, if applicable: (Principul 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 registered agent and/or the new registered office address here: EB Name of New Registered Agent: 긒 \mathbb{T} New Registered Office Address: Enter Florida street address ŝ ல் Florida

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

From: Nathaly Cuartas

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 Type of Action <u>Address</u> Title <u>Name</u> . . . 10530 NW 78TH ST, APT 4-206 AMBR ALEX QUINTERO -⊟Add DORAL, FL 33178 □Remove Change 1750 NE 191st ST APT 217 JOSE LUGO AMBR ≣Add MIAMI GARDENS, FL. 33179 . 🗆 Remove □ Change ⊡Add □Remove Change □Add Remove Change 🗆 Add 👘 Remove Change . • ∏Add . Remove Change

From: Nathaly Cuartas	Fax: 19542460340	To: Agent Amnd Florida	Fax: (850) 617-6383	Page: 6 of 6	02/24/2022 5:01 PM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

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Dated February 24th , 2022
Pi Alex Quinteros Signature of a member or authorized representative of a member
Typed or printed name of signee
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