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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
Q. SILAS	
JUL 0 5 2022	
6/16/22	

Office Use Only



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May 15, 2022

MARIA GIANGREGORIO 26025 MUREAU RD SUITE 120 CALABASAS, CA 91302

SUBJECT: TODD ANTHONY YACHTS, LLC

Ref. Number: L22000130459

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

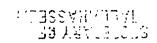
The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 222A00011093



TOSS AND 1 P NOUS SECT

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Todd Antho	ony Yachts, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Giangregorio		
		Name of Person	
	MyCorporation		
		Firm/Company	
	26025 Mureau Rd, Suite 1	20	
		Address	· · · · · · · · · · · · · · · · · · ·
	Calabasas, CA 91302		
		City/State and Zip Code	
	processing@mycorporation	.com	
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please ca	all:	
Maria Giangregorio		877 692-6772	
Name (of Person	at () Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 tadditional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

1022 JUN 16 PM 6: 00

Todd Anthony Yachts, LLC		SECRETARY OF STATE
(Name of the Limited Liability Compa (A Florida Lamined I	ny as it now appears on ou Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on3/15/20	and assigned
Florida document number L22000130459		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	<u></u> ,
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida stre	vet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Todd Diebold	1007 North Federal Highway, #226	🗆 Add
		Fort Lauderdale, FL 33304	□Remove
			■Change
.			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. 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 d is filed.	Member address should be:	1007 North Federal Highway, #226, Lauderdale, FL 33304	
Effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date instructed in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. 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 dis filed.			
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Filing Fee: \$25.00