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(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

O: Registration Section Division of Corporations		
SUBJECT: <u>Jachtmemla</u> Name of L	MI LUX, U.C.	·
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Stephani	ie Cokingelo Name of Person	······················.
	Firm/Company	
60 NE	14th St. Apt 3	33.23 (STATE OF THE PERSON OF
Mian	NI ,FL , 3313 2 City/State and Zip Code	
ı	DC AMAIL WWW.	2: 05
For further information concerning this matter, please	e call:	
David Garcia Baque vo Name of Person	at (786) 751- Area Code Daytime	2525 Telephone Number
Enclosed is a check for the following amount:		
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Sect	ion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Yachtime Miami Lux	UC
(Name of the Limited Liability Company as (A Florida Limited Liabili	It now appears on our records.) by Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 22 000 229 7</u> 33	filed on 65/17/22 and assigned
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 Co	impany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
_	<u> </u>
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	<u> </u>
	िं ज
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Circ Zin 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>	<u>Name</u>	Address	Type of Action
NOL	Diego Corrales Ochoa	60 NE 14th St Apt.	3323□Add
	•	60 NE 14th St Apt. Miami, FL, 33132	BRemove
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			🗆 Add
			□Remove
			2022DEC
			□ Requester Co
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an effective date is liste ote: If the date inser	ted in this block di	oes not meet th	re applicable s	of filing or more tatutory filing r	than 90 days afte equirements, th	r filing.) Pursuar is date will not	nt to 605,02 I be listed
ocument's effective of	ate on the Departr	nent of State's	records.				
	ayed effective date	, but not an ef	fective time, a	12:01 a.m. on	the earlier of: (1	b) The 90th d	lay after th
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