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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The er	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Andres Delgado Name Of Person	
	Treusure Coast Steamers L.L.C Firm/Company	
	2181 SW Jaguar Ave	
	Port St. Lucie Florida 34953  City/State and Zip Code  Andres Del 43 @ Yahov. com  E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□ <b>\$</b> 2	5.00 Filing Fee Solutional copy is enclosed Solutional Copy Solutional	

### Mailing Address:

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

Street Address: 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

	OF	7A AT	
Treasure Co	oast Steamers L.L.C	TALLAND SSEE, MOOR	
	lity Company as it now appears on our records.) da Limited Liability Company)	L 28	=
The Articles of Organization for this Limited Liability	Company were filed on June 22, 2022	and assigned	ij
Florida document number <u>L220002828</u>	<u> </u>	7018 1018 1018	
This amendment is submitted to amend the following:		,s • • • • • • • • • • • • • • • • • • •	
A. If amending name, enter the new name of the lin	nited liability company here:		
Treasure Coast S The new name must be distinguishable and contain the words "Lin	Steemers LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."	_
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		of the new regist	<u>tered</u>
agent and/or the new registered office address here.			
Name of New Registered Agent:		<del> </del>	
New Registered Office Address:			
	Enter Florida street address		
	Florida	Zip Code	_
	City	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 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 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>	<u>Name</u>	Address	Type of Action
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