7/26/22, 2:35 PM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000252794 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| | Address: | | | |
|-------|----------|--|--|--|
| EMA11 | AGGTASS! | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACQUA MIAMI YACHT CHARTERS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ACQUA Miami Yacht Charters, LLC | | |
|---|--|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) imited Liability Company) | |
| The Articles of Organization for this Limited Liability Con | npany were filed on 06/30/2022 | and assigned |
| Florida document number L22000294260 | • | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| Acqua Marine LLC | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | SS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | ······································ |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered o | office address on our records onter the name | me of the none registers |
| b. It amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, enter the na | 1 02 |
| | | <u>بنے</u> |
| Name of New Registered Agent: | | |
| Nume of New Registered Agent. | | 6 7 |
| New Registered Office Address: | | |
| | Enter Florida street address | Q1 |
| | , Florida | . မှာ |
| | 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 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 |
|--------------|------|-------------|----------------|
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | |
| | | | ∐Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | []Change |

15612148442

| D. If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Note | tive date, if other than the date of filing: (optional) ffective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| f the rec ecord is | ord 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 filed. |
| Date | July 26th 2022 Karin Duten |
| | Signature of a member or authorized representative of a member |
| | |
| | Kevin Duteau, Special Manager Typed or printed name of signee |