## 0512818

(Requestor's Name)	
(Address)	6004012
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	01/27/23010
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	4/2le/23 V.W
Special Instructions to Filing Officer:	V.CC
Confirmed name change from Brett H126123 V.W	

Office Use Only

200696

)20--008 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: POSTEDON YACHT, LIC DOCUMENT NUMBER: 4 22000512318	
DOCUMENT NUMBER: 4 40005 (2318	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
REAL. Schroder  Name of Contact Person  PosiEDON YACHT, LLC  Firm/Company	
Name of Contact Person	
JOSIEDON YACKT, LIC	
19012 HUCKAVALLE PL	_
Odessa, FL. 33556 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
BRET Schroder at (727) 8-8-1288  Name of Contact Person Area Code & Daytime Telephone Numb	
Name of Contact Person Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

POSICON	•
FOSSOR YARD	tt LL
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
	•
The Articles of Organization for this Limited Liability Company	were filed on 72/06 (22 and assigned
Florida document number <u>L 220005/28</u> 18	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabit	
Enter new principal offices address, if applicable:	19012 HUCKAULIIG RX
(Principal office address MUST BE A STREET ADDRESS)	Odessa, FL 33556
Enter new mailing address, if applicable:	OKML III
(Mailing address MAY BE A POST OFFICE BOX)	2 <u>2 </u>
	— <u>Ķc <b>≱ M</b></u>
B. If amending the registered agent and/or registered office a	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
	,
Name of New Registered Agent:	_
•	
New Registered Office Address:	Enter Florida street address
	Florida
	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>	Name	Address	Type of Action
MANAGEN	Name Bratt Schröden	19012 HACKAVALLE Zd Odessa, FL 33556	Add
		odess1, FL. 33556	□Remove
			□Change
AMBR	Konvie Schröder	Same	□Mdd
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

<del></del>		
<del></del>		
<del></del>		
<del></del>		
<del></del>		
Effective date, it	f other than the date of filing: (optional)	
Note: If the date	s listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed two date on the Department of State's records.	)207 ( d as t
e record specifies rd is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated	4/17/22 Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Esignature of a member or authorized representative of a member  Frest Schred of Typed or printed name of signee	

Filing Fee: \$25.00