## L2300000 2546

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## **COVER LETTER**

TO: Registration Se Division of Cor					
	T MANAGEMENT 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	ndence concerning this matter	to the following:			
	CARLOS MELIAN DIAZ				
	<u> </u>	Name of Person			
	CM YACHT MANAGEM	ENT LLC			
	Firm/Company				
	1500 NE MIAMI PLACE.	APT 1106	2023 FEB 27		
		Address	FEB		
	MIAMI, FLORIDA, 33132	2			
		City/State and Zip Code	ication) P: F		
	CMYACHTMGMT@GMA	AL.COM to be used for future annual report notif	ication) Grand		
For further information c	er-mail address: (		reality Fil		
CARLOS MELIAN DIA		+1 786 828 419	3		
Name of Person		at () Area Code Daytime	: Telephone Number		
Enclosed is a check for the	ne 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 tadditional copy is enclosed)		
Mailing Addres Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632	-	Division of Cor The Centre of T	•		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CM YACHT MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/28/2022 and assigned

Florida document number 1.23(00000025-46

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 Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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 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
MGR	CARLOS MELIAN DIAZ	1500 NE MIAMI PLACE, APT 1106, MIAMI, FL. 3	31 <b>≅</b> Add
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