L23 000 036 188

(Re	questor's Name)	
(Add	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:





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COVER LETTER

TO: Registration Sec Division of Corp			
	mentors, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
	ndence concerning this matter (
	Kim McMahon		
		Name of Person	
	Yacht Documentors, LLC		
		Firm/Company	77
	103 Douglas Street		.;
		Address	
	Homosassa, FL 34447		
		City/State and Zip Code	. '
	yachtdocumentors@gmail.c	om to be used for future annual report no	ين ماناندهانه بناندهانه بناندهانه
For further information co	nneerning this matter, please co		,
Kim McMahon	·	954 610-8932	
Name o	f Person	at () Area Code — Dayti	me Telephone Number
Enclosed is a check for th	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 (additional copy is enclosed)
Mailing Addres Registration 5	Section	Street Address: Registration S Division of C	
Division of C P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee.		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yacht Documentors, LLC	_	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000036188</u> .	were filed on 01/19/2023 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	701 SE 32nd Court	
(Principal office address MUST BE A STREET ADDRESS)	#101	
	Ft. Lauderdale, FL 33316	
Enter new mailing address, if applicable:	- 	
(Mailing address MAY BE A POST OFFICE BOX)		
Studing duaress SIAT DE ATOST OFFICE DOST		
	.:	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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
			□ Add
			□Remove
			□Change
			□Remove
			[]Ghange
			□Remove
•			
			CIAdd
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
		□Remove	
			□ Change

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	•
	<u></u> :
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional)
ite: If the date inserted in this block does not meet the applicable statutory filing requiren	nents, this date will not be listed
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	lier of: (h) The 90th day after t
is filed.	
January 30 2023	
ated January 30	
Stated of VIIII lallon	
Signature of Vinember or authorized representative of a memb	Det

Filing Fee: \$25.00