## 623000084784

Office Use Only



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2023 MAR 23 PM 1:47

S. FRANKLIN

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
YACHTMA SUBJECT:	ASTER MÅRINE SERVICES	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:	
	GEORGE SOCARRAS		
		Name of Person	
	YACHTMASTER MARIN	NE SERVICES LLC	
		Firm/Company	
	18591 S DIXIE HWY, SU	ITE 1180	
		Address	
	CUTLER BAY, FL 33157		
		City/State and Zip Code	<del></del>
	GEORGE@MIAMIYACH		(Faction)
		to be used for future annual report noti	meation)
For further information of	oncerning this matter, please or	all:	
GEORGE SOCARRAS		786 389-1312 at ( )	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th			
□ \$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 Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of To	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YACHTMASTER MARINE SERVICES LLC					
(Name of the Limited Liability Compar (A Florida Limited L		ar records.)	<del></del>		
The Articles of Organization for this Limited Liability Company Florida document number L23000084784	were filed on 02/16/20	23	and assigned		
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 Liabili	ity Company," the designat	ion "LLC" or the abbre	vieton "L.L.C."		
Enter new principal offices address, if applicable:			三十分中		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	2		
			<u> </u>		
		17.	The state of the s		
Enter new mailing address, if applicable:		-42; [			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our record	s, enter the name o	of the new registered		
	Enter Florida str	eet address			
		, Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree 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 de provided for in Chapt	uties, and I am fan er 605, F.S. Or, if	niliar with and 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>	Name	Address 18591 S DIXIE HWY SUITE 1180	Type of Action
AMBR	GEORGE SOCARRAS	CUTLER BAY, FL 33157	<b>=</b> Add
			□ Rетюче
		<del> </del>	Change
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Effactiv	e date, if other than the date of filing:(optional)
lfan effec	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
Note: If documen	
document	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 1.
document e record : rd is filed	
document e record : rd is filed	
document e record :	1. MARCH 15 2023
document e record : rd is filed	

Filing Fee: \$25.00