## L23000138421

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Littly Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co		•	
Yacht Inte	lligence USA LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Craig Stolarz		
		Name of Person	
	Yacht Intelligence USA L	LC	
		Firm/Company	
	2732 NE 28th St		
		Address	<del></del>
	Fort Lauderdale, FL 33306	;	
		City/State and Zip Code	
	craig.stolarz@yacht-intellig	to be used for future annual report notification)	SE 20
For further information of	concerning this matter, please c	all:	23 ÅUG CCRETA TALLA
Craig Stolarz		954 203-3863	TARY OF Number SET
Name o	of Person	Area Code Daytime Teleph	2023 AUS 24 PH 1: 44 SECRETARY OF STATE TALLAHASSEE, FL
Enclosed is a check for t	he following amount:		म €
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	3 \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Section Division of Corporation	ons
P.O. Box 632		The Centre of Tallaha	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yacht Intelligence USA LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compare Florida document number 1.23000138421	ny were filed on 3/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L,L,C."
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)		2028 AUG 2 SEDRETA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	_1	Florida
<del></del>	City	Zip Code
	City . 1	Florida

## 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
VP	Benjamin Fierstone	757 SE 17th ST, #424	
		Fort Lauderdale, FL 33316	≡Remove
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<u>.</u>			□Add
			□Remove
			□ Change
			□Remove
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		8/17/2023					
ective date, if other than the effective date is listed, the date mus	date of filing: the specific and c		date of filing o	r more than 90	( <b>option</b> : days after fil:	al) ng.) Pursua	nt to 605.0
e: If the date inserted in this blument's effective date on the December 2.			de statutory fi	ling requirem	ents, this d	ate will no	t be listed
cord specifies a delayed effectiv s filed.	e date, but not a	n effective tim	e, at 12:01 a.r	n. on the earl	ier of: (b)	The 90th	day after t
ed August 21st		2023					
10	_						
/ / K _							
6,8	Signature of a me	ember or authori	zed representat	ive of a membe	er .		

Filing Fee: \$25.00