

(((H24000014326 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APEX YACHT FINANCE LLC



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T. LEMIEUX

Registration Section

TO:

## **COVER LETTER**

(((H24000014326 3)))

Division of Co	rporations		
SUBJECT:	APEX YAC	HT FINANCE LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
r rease return att correspo	ondence concerning this matter	to me lonowing:	
	Lovette Dobsor	n	
		Name of Person	
		Firm/Company	<del></del>
	17350 State Hw	y 249, #220	
		Address	
	Houston, TX 7	7064	
	=======================================	City/State and Zip Code	
	EFILE1234@INC	CFILE.COM to be used for future annual report no	Uffication)
For further information of	concerning this matter, please c		
Lovette Dobso	n	at (1 Nate a Code ) 888-46	62-3453
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
S \$25.00 Filing Fee   S \$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 Addre Registration		Street Address: Registration So	ection
Division of C		Division of Co	prporations
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
r ananassee,	1 to 24217	TAIN IN DIGHT	or parely rame or o

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

(((H24000014326 3)))

## ARTICLES OF ORGANIZATION **OF**

APEX YACHTI		<u> </u>
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000276974	were filed on 06/07/2023	_ 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	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	101 Ne 3rd Avenue, Suite	e 1500
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 3330	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<i>'</i> '	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am fai rovided for in Chapter 605, F.S. Or, if	niliar with and this document is
company has been notified in writing of this change.		0
	· <u>-</u>	**
If Chang	ging Registered Agent, Signature of New Regis	tered/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: (((H24000014326 3)))

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
		<del> </del>	□Change
			□Add
			Remove
			FlChange
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			☐ Change

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te:	re date, if other than the date of filing:
cord s lile	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 d.
ed <u>-</u>	January 8th 2024
	Signature of a member of authorized representative of a member