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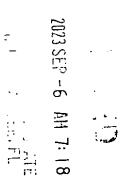
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| Special Instructions | to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Corp | porâtions | | |
|--|--|--|--|
| SUBJECT: <u>CONC</u> | H PEARL JA | CHTING LLC | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | COPINA | BAHLIOS Name of Person | |
| | | YAUATING LLI Firm/Company | <u>C</u> |
| | | Address APT GIII | |
| | FT LAUDERDA | City/State and Zip Code GMAIL Com to be used for future annual report noti | <u>-</u> |
| For further information co | E-mail address: (| | fication) |
| PiCHARY CA | <u>UAGHAN</u> Person | at (<u>154</u>) <u>650</u> Area Code Daytim | 79 So e Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| 送S25.00 Filing Fee AMMENMEM | ☐ \$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 Co P.O. Box 632 | ection orporations | Street Address: Registration Sec Division of Cor The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | | | . | | | • | ٠.,٠ |
|------------------|---------------------------|-----------------------------|--|----------------------------|--------------------|------------------------|--------------|
| | CONCH | PEARL | YACHTING | uc | | 2023 SEP -6 | AM 7: 18 |
| _ | (<u>Na</u>) | ne of the Limited 1 (A l | iability Company as it n lorida Limited Liability C | ow appears on o ompany) | ur records | TALL | , <u></u> |
| The Articles of | Organization for th | nis Limited Liabi | lity Company were til | ed on TVLY | 4h | 2023 and as | |
| Florida docume | ent number <u>L 23 (</u> | 00326297 | <u>+</u> . | | | | |
| This amendmen | nt is submitted to a | nend the followi | ıg: | | | | |
| A. If amendin | ig name, <u>enter the</u> | new name of the | limited liability con | npany here: | | | |
| | ist be distinguishable a | | "Limited Liability Comp | any," the designa | tion "LLC" | or the abbreviation "L | .L.C." |
| (Principal offic | <u>ce address MUST L</u> | BE A STREET A | DDRESS) | | <u>.</u> | | |
| | | | | | | | |
| Enter new mai | iling address, if ap | plicable: | | | | - | |
| (Mailing addre | ess MAY BE A POS | ST OFFICE BO. | <u> </u> | | | | |
| | | | | | | | |
| | | | tered office address | on our record | ls, <u>enter t</u> | the name of the ne | w registered |
| agent and/or th | he new registered | <u>office address h</u> | <u>ere</u> : | | | | |

City

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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 |
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| Effective date, if other is an effective date is listed Note: If the date insert document's effective date | d, the date must be specific ted in this block does r | c and cannot be pri- not meet the appl | icable statutory f | r more than 90 day | | |
| accument s circuive da | ate on the Department | of state 3 record | 15. | | | |
| e record specifies a dela rd is filed. | ayed effective date, but | not an effective | time, at 12:01 a.i | n. on the earlier | of: (b) The 90t | th day after the |
| Dated | 4 22 | | 3 | | | |
| | | 7// | | | | |
| | Signature | of a member or aut | thorized representa- | ive of a member | | |
| | 4 | | O (A) A | | | |