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COVER LETTER

TO: Registration S Division of Co		u.	e e	
SUBJECT:	OCEAWBOYS Name of Lin	YATCH MANAG mixed Liability Company	PENBAIT LIC	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Tolio	C Espinoses		
	6022	Firm/Company . PIBIRCH ST		
	Hollyure	Address TWADA City/State and Zip Code	33024	
	E-mail address: (to be used for future annual report not	GENNES @Gmail. Co.	72 T
For further information of Tulio	concerning this matter, please of	all: at (786) 262	<i>185</i> 7	
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEANBOXS YATO	ny as it now appears on our records.) Liability Company)
(Name of the Limited Limited Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>Ċ 2300038</u> ,2314	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
CEANTSDYS The new name must be distinguishable and contain the words Limited Liabili	IACHT MANAGEMENT (LC.
The new name must be distinguishable and contain the words Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20/3 AUG 2
	6.5
	9
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Remove
			□Change
			□Add
			□Remove
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If an effe <u>Note:</u>	ve date, if other than the date of filing: B-15-2023 (optional) ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e record rd is file	d 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 ed.
Dated_	8-23 2023
	Signature of a member or authorized representative of a member Julio C Espinass Typed or printed name of signee

T... T. 65#60