Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000370830 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JSD & COMPANY PA Account Number : I20190000114 Phone : (786)286-2705 Fax Number : (305)901-6024

\*Enter the email address for this business entity to be used for future ய்≝annual report mailings. Enter only one email address please.\*\*

Email Address: carloschauriye@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YACHT VIP LLC.

| Certificate of Status |         |
|-----------------------|---------|
| Certified Copy        | 0       |
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OC1 25 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YACHT VIP LLC   |  |   |                                       |
|---|--|---|---------------------------------------|
| (Name of the Lin  | ited Liability Company as it<br>(A Florida Limited Liability | now appears on our records.<br>Company) | 1                                     |
| he Articles of Organization for this Limited  | Liability Company were fi                                    | led on 08/17/2023                       | and assigned                          |
| lorida document number 1.23000387773  |  |   |                                       |
| his amendment is submitted to amend the fo  | llowing:   |   |                                       |
| . If amending name, enter the new name  | of the limited liability co                                  | mpany here:                             |                                       |
| 7/A   |  |   |                                       |
| te new name must be distinguishable and contain the                                   | words "Limited Liability Com                                 | pany," the designation "LLC"            |                                       |
| nter new principal offices address, if appl   | icable: N/A  |   | 243                                   |
| rincipal office address MUST BE A STRE  | ET ADDRESS)  |   |                                       |
|   |  |   |                                       |
|   |  |   |                                       |
| nter new mailing address, if applicable:  | N/A  |   | , , , , , , , , , , , , , , , , , , , |
| failing address MAY BE A POST OFFICE  | ====<br>E BOX)   |   | ·. <del>.</del>                       |
|   |  |   | <u></u>                               |
| If amending the registered agent and/or<br>tent and/or the new registered office addr |  | on our records, <u>enter tl</u>         | he name of the new regis              |
| Name of New Registered Agent:   | N/A  |   |                                       |
|   | N/A  | Enter Florida street address            |                                       |
| Name of New Registered Agent:   | N/A  |   | rida<br>Zip Code                      |

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

|  |  |  | 13059015793 |
|--|--|--|-------------|
|  |  |  |             |

m: JSD & COMPANY CPA Fax: 13059015793 To: 1723000370030 Fax: (850) 617-6383 Page: 3 of 4 10/24/2023 1:30 PM

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 | Name                        | Address                    | Type of Action |
|-------|-----------------------------|----------------------------|----------------|
| AMBR  | ARTURO J. RAVANAL ARREDONDO | 235 LINCOLN ROAD, APT, 311 |                |
|       |                             | MIAMI BEACH, FL 33139      | Remove         |
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