L23000504312

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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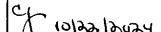




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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
•	ESPARTA YATCH SERVICES LLC					
SUBJECT:		Name of Lim	ited Liability Company	-		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		JESUS A PEREZ VICEN	Γ			
			Name of Person			
		ESPARTA YATCH SERV	TICES LLC			
			Firm/Company			
	8850 NW 36TH APT 2425 Address					
		DORAL, FL 33178				
			City/State and Zip Code			
		INFO@ATAXSOLUTION				
		E-mail address: (to be used for future annual report noti	fication)		
For further in	nformation c	oncerning this matter, please co	all:			
JESUS A PEREZ VICENT		305 4629311 at ()				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a	i check for th	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)		
	<u>iling Addres</u> gistration S		Street Address: Registration Sec	ction		
	vision of C D. Box 632	orporations	Division of Cor The Centre of T	· -		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESPARTA YATCH SERVICES LLC

2024 (T-4 PX 5: 36

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{11/06/2023}{2}$ _____ and assigned Florida document number <u>L23000504312</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ESPARTA YACHT SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
****			□Add
			□Remove
			DChange
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			□Change

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ective date, if other than the date effective date is listed, the date must be effective date inserted in this block ument's effective date on the Department.	e specific and cannot be prior to da k does not meet the applicable	ite of filing or more than 90 day	is after filing.) Pursuant to 605.0207 (
cord specifies a delayed effective d s filed.	late, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
SEPTEMBER 30	2024		
24			
Servicent	-		

Filing Fee: \$25.00