

L24 0000 14464

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

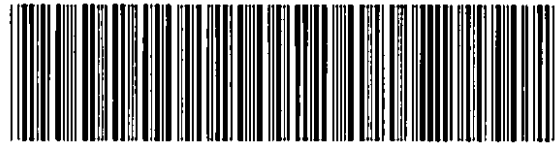
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SECRETARY OF STATE
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CLERK OF COURT
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 12021000160: __\$30.00__

Authorization Signature: Det B

EVO Yachts USA, LLC L24000014464

Business

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Certified copy of articles

☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious

☐ APOSTIL _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 12021000160: \$30.00

Authorization Signature: *[Signature]*

EVO Yachts USA, LLC

624000014464

Business

Document #

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Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVO YACHTS USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan K. Winer, Esq.

Name of Person

JONATHAN K. WINER, P.A.

Firm/Company

16400 Collins Avenue, #2646

Address

N. Miami Beach, FL 33160

City/State and Zip Code

jonathankwiner@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan K. Winer, Esq.

954 687-9448
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF DISTRICT COURT
JAIL AHAASKEE FL

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Best Marine USA LLC	200 S. Andrews Avenue, Suite 504	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Uri Rotshtain	200 S. Andrews Avenue, Suite 504	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Best Marine USA LLC	200 S. Andrews Avenue, Suite 504	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 30, 2024

Typed or printed name of signee