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(Requ	estor's Name)
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COVER LETTER

	Registration Se Division of Cor			*
SUBJEC	••	ATER YACHTS SERVICES I	.LC	•
.,((),(),()		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	arn all correspo	ndence concerning this matter	to the following:	
		PAVEL OLIVA TEJEDA		
			Name of Person	
		UNDERWATER YACHT	S SERVICES LLC	
			Firm/Company	
		1773 NW 114TH ST		
			Address	
		MIAMI, FL 33167		
			City/State and Zip Code	
		paveloliva360@gmail.com		
		E-mail address: (to be used for future annual report	notification)
For further	r information c	oncerning this matter, please c	all:	
PAVEL C	LIVA TEJEDA	4	786 805-1971	
	Name o	f Person	at () Area Code Day	rtime Telephone Number
Enclosed i	s a check for th	ne following amount:		
≡ \$25.00	0 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 tadditional copy is enclosed.
<u>></u>	1ailing Addres	<u>s:</u>	Street Address	<u> </u>

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

UNDERWATER YACHTS SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Hiability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>01/09/2024</u>	and assigned
Florida document number 1.24000021185		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		***
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, enter th	e name of the new regist
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zîp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PAVEL OLIVA TEJEDA	1773 NW 114TH ST	■Add
		MIAMI, FL 33167	□Remove
			Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
		r <u>estriction</u>	□Add
		N-1	□Remove
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an effec <u>vote:</u> H	e date, if other than tive date is listed, the dat 'the date inserted in that's effective date on t	te must be specific and his block does not m	cannot be prior to c neet the applicable	late of filing or more e statutory filing re	than 90 days afte	onal) (filing.) Pursuant to 6 s date will not be li	05.0207 (sted as)
		**	an affactiva tima	at 12:01 a.m. on (the earlier of: (I	o) - The 90th day at	ter the
	specifies a delayed eff d.	fective date, but not	an enecuve time		ine carner on (c	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
l is filed		fective date, but not	24		ine carrier or (,, , , , , , , , , , , , , , , , , , , ,	
I is filed	i.		24			,, , , , , , , , , , , , , , , , , , , ,	
d is filed	3.		24				

Filing Fee: \$25.00