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elin ir <i>c</i> a		uperyachts LLC		
SUBJECT	· :	Name of Limit	ed Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please retu	rn all correspo	ondence concerning this matter to	o the following:	
		Federico J Intriago		
			Name of Person	_
			Firm/Company	_
		10501 NW 68 Terrace		
			Address	_
		Doral FL 33178		
		debbie@wyllianadassoc.com E-mail address: (to	City/State and Zip Code be used for future annual report notification)	_
For further	information c	oncerning this matter, please cal	l:	
Deborah V	Vyllia		501 276-0264	
	Name o	f Person	Area Code Daytime Telephone Numb	er -
Enclosed is	s a check for th	ne following amount:		
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, ate of Status 20 d Copy C at copy is enclosed AR - 6
R D P	lailing Addrest egistration Solivision of Co. O. Box 632 allahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	AM 9: 10 OF STATE SEE, FL 810

DocuSign Envelope ID: 54FB9353-7D5D-4DCD-BF90-799993DB09B5 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Suncoast Superyachts LLC				
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia Florida document number L24000091661	1/2024	and assigned		
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	ne limited liability company hero	: :		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desi	ignation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applical	le:			
(Principal office address MUST BE A STREET	ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
(ht 11)				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
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B. If amending the registered agent and/or reg	istered office address on our rec			
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B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	istered office address on our rec here: Enter Florida City	ords, enter the name	e of the new regist	

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 54FB9353-7D5D-4DCD-BF90-799993D809B5 (If amenging Authorized region(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>	Typ	e of Action
AMBR	Sorag Inc	8374 Market Street, #182	<u>r</u>	lAdd
		Lakewood Ranch FL 34202		IRemove
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