L24000191227

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u>.</u>		····
(Bu	isiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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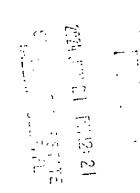
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
	d Yachts LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Edward Toy		
		Name of Person	
	On Board Yachts LLC		
		Firm/Company	
	605 Fairway Drive Unit 10	02	
	Address		
St. Augustine, FL 32084			
		City/State and Zip Code	
	eddtoy@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please c	all:	
Edward Toy		904 3476872 at ()	
Name	e 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	<u> </u>	සා සා ම (76)
Mailing Adding Registration Division of P.O. Box 60 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	mnany as it now annears on our record	<u></u>
(A Florida Limi	mpany as it now appears on our recordited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.24000191227}{1.000000000000000000000000000000000000$	any were filed on April 23, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>enter</u>	the name of the new registere
New Registered Office Address:	Enter Florida street address	
	Thur Thomas and Charles	
	F1	• •
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Age	City	

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>	Type of Action
MGR	Edward Toy	605 Fairway Drive Unit 102	\ \ A dd
		St. Augustine, FL 32084	_
			Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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fferation due if relevation at a dis-	June 21, 2024			
ffective date, if other than the date an effective date is listed, the date must bote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to date of k does not meet the applicable state	(optional filing or more than 90 days after attory filing requirements, this	filing.) Pursuant to 605	5.020 ed a:
and the state of t	and a value of reen do.			
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ecord specifies a delayed effective d	late, but not an effective time, at 12	1:01 a.m. on the earlier of: (b)) The 90th day afte	r the
record specifies a delayed effective dis filed.			40.	r the
record specifies a delayed effective dis filed.			40.	r the
record specifies a delayed effective d l is filed.	2024 gnature of a member or authorized repr		The 90th day after 2024 JUN 21 PH I2	r the

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