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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co.		×		
SUBJECT:	Yacht wind	Jows FL (LC	
	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter	•		
	Bay	Ron Carbon Name of Person	e	
	Yacht.	Name of Person WINDOWS FL Firm/Company	LLC	
		Firm/Company		
	18775 Su	v Z7 c+ Address		
		angr FL 33 City/State and Zip Code Ch + window 5 FL to be used for future annual report not		
For further information	concerning this matter, please ca	nii:		
Baykon	Carbone 11	at (38) 493 Area Code Daytin	1772 3 ne Telephone Number	,
Enclosed is a check for t	the following amount:			
又 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yacht windo	ws fl LLC
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on Florida and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
<u> </u>	, Florida
	City Zip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Bayron Carbonell	18775 SW 27 cf Mus Florida 33029	AMENDA OU
			[*************************************
			Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a greenber or authorized representative of a member

Filing Fee: \$25.00