

L16000033050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

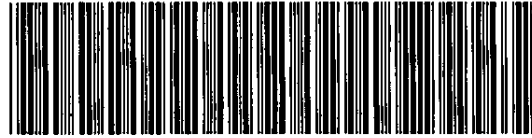
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600283913286

04/04/16--01021--001 \*\*25.00

2016 APR 27 P 4: 08  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

FILED

APR 28 2016

S MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2016

TIMOTHY BRAZIEL  
P.O. BOX 255  
GOTHA, FL 34734

SUBJECT: ORLANDO BASS N BOAT TOURS LLC  
Ref. Number: L16000033050

We have received your document for ORLANDO BASS N BOAT TOURS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 716A00007092

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Orlando Bass N Boat Tours  
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:

Timothy Braziel  
Name of Person

Orlando Bass N Boat Tours  
Firm/Company

P.O. Box 255  
Address

Gotha, FL 34734  
City/State and Zip Code

Tim@orlandobassnboat-tours.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Braziel at (321) 947-7915  
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)

*already sent  
you a check -  
you have it.*

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2016 APR 27 P 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Orlando Bass N Boat Tours LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/17/16 and assigned Florida document number 4600033050.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "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 ADDRESS)

8024 Sully Drive  
Orlando, FL 32818

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 255  
Gotha, FL 34734

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Yolanda Brailey

New Registered Office Address:

8024 Sully Drive

Enter Florida street address

Orlando

City

Florida

32818

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.

Yolanda Brailey

If Changing Registered Agent, Signature of New Registered Agent

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          | Timothy Braziel | P.O. Box 255 Gotha, FL 34734 | <input checked="" type="checkbox"/> Add    |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |
| MGR          | Yolanda Brailey |                              | <input type="checkbox"/> Add               |
|              |                 | P.O. Box 255 Gotha, FL 34734 | <input checked="" 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            |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              | <input type="checkbox"/> Change            |

FILED  
2018 APR 27 P 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

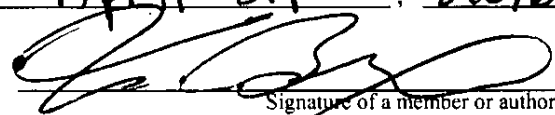
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This is Timothy Brazier's company. Please switch places for Yolanda Brailey and Timothy Brazier so he is the manager and Yolanda is a registered agent. Timothy needs to be able to get the business license in his name since it is his company. Thank you.

E. Effective date, if other than the date of filing: 3/1/16 (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.

Dated April 21, 2016



Signature of a member or authorized representative of a member

Yolanda Brailey

Timothy Brazier

Typed or printed name of signee

Yolanda Brailey

FILED  
2016 APR 21 P 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA