## L21000014258

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## **COVER LETTER**

	vision of Corp					
SUBJECT		R SPEARFISHING CHARTE	RS LLC			
SUBJECT	•	Name of Limited Liability Company				
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please retur	m all correspor	dence concerning this matter to	o the following:			
		Ryan Jenkins				
			Name of Person			
		AQUATHOR SPEARFISH	ING CHARTERS LLC			
			Firm/Company			
		134 pacific ave				
			Address			
		Tavernier FL, 33070				
			City/State and Zip Code			
		ryan.jenkins6125@gmail.com E-mail address: (to	n be used for future annual report	notification)		
For further	information co	oncerning this matter, please ca	D:			
Ryan Jenki	ins		305 354 <b>4</b> 025	3		
	Name of	Person		ytime Telephone Number		
Enclosed is	a check for th	e following amount:				
<b>■ \$25.00</b>	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)		

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

Street Address: 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

AQUATHOR SPEARFISHING CHARTERS LLC

2024 FE3 -5 All 7:53

(Name of the Limited Languit (A Florida	Limited Liability Company)	! • • • • • •
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000014258</u>	ompany were filed on 01/04/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
AquaThor Aquatics, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered	l office address on our records, <u>enter th</u>	e name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street address	
	, Flor	
	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

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			☐ Change
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□Remove
			Change
			□Remove
			Change
			□ Add
			□Remove

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Effecti	ive date, if other than the date ective date is listed, the date must be sp	of filing:	late of filing or more than 90 days	<b>optional)</b> : after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block do	oes not meet the applicable	statutory filing requirement	s, this date will not be listed as t
docum	ent's effective date on the Departn	nent of State's records.		
	d specifies a delayed effective date	;, but not an effective time	, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
ord is fil				
Datad	January 31	2024		
Dalcu	n/	7.7		
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Typed or printed name of signee