

L23000231371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

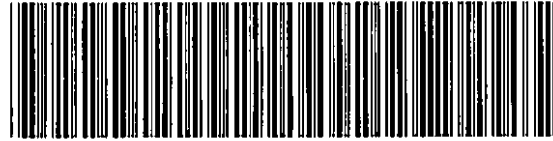
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
OCT 27 2025

Office Use Only



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RECEIVED  
2025 OCT 24 PM 3:09  
CLERK OF COURT

RECEIVED  
2025 OCT 24 PM 12:32  
CLERK OF COURT

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$25.00

Authorization Signature *Lutler*

Sea Toes Charters, LLC L23000231371

\_\_\_ Business Name #Document

Walk in \_\_\_\_\_ Will wait

\_\_\_ **Certified Copy of the Amended**

\_\_\_ **Certificate of Status**

**NEW FILING**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ LLC  
\_\_\_ Domestication  
\_\_\_ INC  
\_\_\_ CORP  
\_\_\_ LP

**AMENDMENTS**

X \_\_\_ Amendment  
\_\_\_ Resignation of MGR.  
\_\_\_ Change of Registered Agent  
\_\_\_ Revocation of Dissolution  
\_\_\_ Conversion  
\_\_\_ Statement of Authority  
\_\_\_ Merger

**REVOCATION OF DISSOLUTION**

**OTHER FILINGS**

\_\_\_ TRANSMITTAL LETTER  
\_\_\_ Fictitious Name  
\_\_\_ Statement of Authority  
\_\_\_ APOSTIL \_\_\_\_\_  
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ Statement of CORRECTION  
\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

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2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

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Authorization Signature *Santhosh*

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\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SEATOES CHARTERS, LLC

\_\_\_\_\_  
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:

NICOLAS VIDAL, EA

\_\_\_\_\_  
Name of Person

VIDAL FINANCIAL, INC

\_\_\_\_\_  
Firm/Company

2000 S DIXIE HIGHWAY, STE 205

\_\_\_\_\_  
Address

MIAMI, FLORIDA

\_\_\_\_\_  
City/State and Zip Code

ANNUALREPORTS@VIDAL.LTD

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS VIDAL, EA

305 631-0331  
\_\_\_\_\_  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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)

**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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 OCT 24 PM 12:20

SEATOES CHARTERS, 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 05/10/2023 and assigned  
Florida document number L23000231371.

This amendment is submitted to amend the following:

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

SEATOES CHARTERS, LIMITED LIABILITY COMPANY

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)**

2000 S DIXIE HIGHWAY

STE 205

MIAMI, FLORIDA 33133

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2000 S DIXIE HIGHWAY

STE 205

MIAMI, FLORIDA 33133

**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:

VIDAL FINANCIAL, INC

New Registered Office Address:

2000 S DIXIE HIGHWAY, STE 205

Enter Florida street address

MIAMI

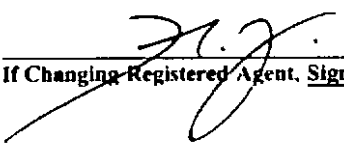
City

, Florida 33133

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 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          | SAAVEDRA, GABRIEL | 2000 S DIXIE HIGHWAY | <input type="checkbox"/> Add               |
|              |                   | STE 205              | <input type="checkbox"/> Remove            |
|              |                   | MIAMI, FLORIDA 33133 | <input checked="" type="checkbox"/> Change |
| MGR          | FARAG, MARK       | 2000 S DIXI HIGHWAY  | <input checked="" type="checkbox"/> Add    |
|              |                   | STE 205              | <input type="checkbox"/> Remove            |
|              |                   | MIAMI, FLORIDA 33133 | <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            |

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

AMENDING FEIN: 39-5059160

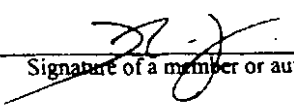
E. Effective date, if other than the date of filing: NOVEMBER 1 2025 (optional)

(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 OCTOBER 24, 2025.

  
Signature of a member or authorized representative of a member

NICOLAS VIDAL  
Typed or printed name of signer

Filing Fee: \$25.00