L23000231311

(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

700458082207

RECEIVED
2025 OCT 24 PM 3:09

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2025 OCT 24 PM 12:32

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

Please use funds from the account I20210000160: $25.00
Authorization Signature
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:_____

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
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:_____

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 at (305) 631-0331
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)

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, **Florida** 33133
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 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

Title	Name	Address	Type of Action
MGR	SAAVEDRA, GABRIEL	2000 S DIXIE HIGHWAY	☐ Add
		STE 205	☐ Remove
		MIAMI, FLORIDA 33133	■ Change
MGR	FARAG, MARK	2000 S DIXI HIGHWAY	■ Add
		STE 205	☐ Remove
		MIAMI, FLORIDA 33133	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ 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 signee

Filing Fee: $25.00