

L16000033050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

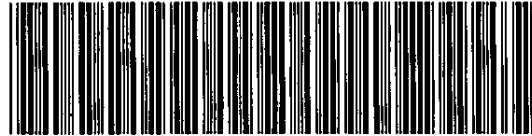
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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

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

APR 28 2016

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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 Brazier
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 Brazier at (321) 947-7915
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
*already sent
you a check -
you have it.*
- ☐ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF .**

Orlando Bass N Boat Tours LLC

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

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TALLAHASSEE, FLORIDA

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

Florida

32818

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.

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 Brazier	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
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			<input type="checkbox"/> Change

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TREASURER
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)

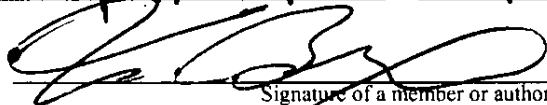
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

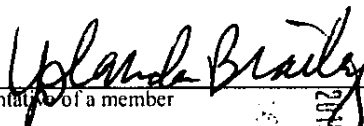
Dated April 21, 2016.



Signature of a member or authorized representative of a member

Timothy Brazier

Typed or printed name of signee



Yolanda Brailey