L010000 11068

(Re	questor's Name)	-		
		•		
(Address)				
(Add	(Address)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
		•		
Bus	siness Entity Nan	ne)		
(5.5.		,		
(Do	cument Number)			
(DO	cument Number)			
	ر- سرز _م			
Certified Coples	_ Certificates	or Status		
Special Instructions to I	Filing Officer:			
		!		
		:		
		:		
		ł		





800039776698

08/13/04--01010--005 **35.00

27 OF STATE OF STATE

50

TRANSMITTAL LETTER

Registration Section Division of Corpor				
SUBJECT: MA	N OWar Cl	narter U.C.	=	
	(Name of Li	mited Liability Company)		
The enclosed Articles of An	``	-		
Please return all correspond	ence concerning this matter	to the following:		
	MARC Ell	(S Name of Person)	04 SE	DIVISIONE DESIVIED
<u> </u>	AN O West	Charles LLC Firm/Company)	04 SEP 27 PM	ION OF CORPORATIONS
Po	Box 14.	SY (Address)	မ္ မ 	RATIONS
	Sla mora D (City/	A F/ 3303 (State and Zip Code)	<u></u>	
For further information conc	erning this matter, please c	all:		
Susann	Bloy Jame of Person)	at (305) 45 (Area Code & Daytime	1-549 D Telephone Number)	
Enclosed is a check for the follo	wing amount:			
S25.00 Filing Fee	3 \$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)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 16, 2004

MARC ELLIS PO BOX 1454 ISLAMORADA, FL 33036

SUBJECT: MAN O'WAR CHARTERS, LLC

Ref. Number: L01000011068

LIVISION OF CORPORATIONS

OF SEP 27 PM 3: 35

We have received your document for MAN O'WAR CHARTERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation rather than for an LLC. Enclosed are the TWO forms you should file to make these changes to your LLC. Please note that they will be filed together as one filing, so although both blank forms must be completed, no further payment is needed.

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) 245-6958.

Letter Number: 104A00050407

Lee Rivers Document Specialist

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Man O War Charter LLC (Present Name)	
	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 3/23/04 and assigned document number LOIO000/1068.	,
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	limited
	Removal of Robert Whitmore's names	2 NZ
	Longer a partner,	AVISION OF C
	·	
	- •	OF STATE ORPORATION
		⊰ ≣
		6:
Dated	June 27, 2004.	
	\mathcal{M}	
	VIII Man by All	
	Signature of a member or authorized tepresentative of a member	
	Maga in Silic	
	Typed or printed name of signee	

Filing Fee: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: MAN D War Charters (LC.
2. The mailing address of the limited liability company is: Po Box 1454.
Islamorada Fl 33036
3. Date of filing/registration in Florida LOIOOOO 1/068 4. Document number
5. Date of ming/registration in Plotida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Robert Albert of State:
Name To moved
Florida Department of State: Robert Whitmore Name 151 N Orlanda Ave #235 Address
Address
City, State and Zip
6. The name and address of the new registered agent and/or office:
つ (表示) (2)
MARC Ellis Resolution of the second
MARC EIL'S 112 Fiest (Name 1) Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
KONLOVOD FI 33037
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99).