403000023158

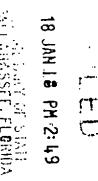
	(Requestor's Name)		
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JAN 1 9 2016 Y SULKER



December 27, 2017

MARY A FISCHER 800 N COLLIER BLVD #203 MARCO ISLAND, FL 34145

SUBJECT: SAFE BOATING SERVICES, L.L.C.

Ref. Number: L03000023158

We have received your document for SAFE BOATING SERVICES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00026197

REPORT STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE BOATING SERVICES, L.L.C.	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company working document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
OE'S SAFE TRAVELS, LLC	
he 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)	
Thiciput office unutess MOST BE A STREET ADDRESS	
-	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
_	J. J.
3. If amending the registered agent and/or registered offic	re address on our records enter The name of the nev
egistered agent and/or the new registered office address here:	Readilless on our records, enter the manie of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ring filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
		 	
			□ Remove
			Change
			Add
			□ Remove
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