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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

IT'S ALL GOOD SPORT FISHING 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:

DUSTY WORCESTER

Name of Person

Firm/Company

224 TACOMA LANE

Address

PALM BEACH SHORES, FLORIDA 33404

City/State and Zip Code

PLAZALAW@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JAMES M. STEWART

___561\842**-**2477

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IT'S ALL GOOD SPORT FISHING 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 Lia	ability Company were filed on Fe	bruary 21, 2005	and assigned
Florida document number L05000018203	.		-
•			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company her	re:	
IT'S ALL GOOD FISHING, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		A	S B
(Principal office address MUST BE A STREET	TADDRESS)		
		<u></u>	
		<u>. T</u>	
Enter new mailing address, if applicable:			S = -
(Mailing address MAY BE A POST OFFICE I	<u> </u>		7 8 7
		77	
B. If amending the registered agent and/or registered agent and/or the new registered of	r registered office address on ince address here:	our records, enter the	name of the new
Name of New Registered Agent:	JAMES M. STEWART, ES	SQ.	
New Registered Office Address:	1211 PLAZA CIRCLE		
	En	nter Florida street address	•
	SINGER ISLAND	, Florida <u>3340</u>	4
	City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Title <u>Name</u> <u>Address</u> Remove Remove Remove Remove

D. If	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	DECEMBED 2 2012		
Dated	DECEMBER 3 2012		
	Com May Contin		
	Signature of a member or authorized representative of a member JAMES M. STEWART, AUTHORIZED AGENT		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00