

LOS 000031105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAR - 6 2012

EXAMINER

2012 MAR -5 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fin Expeditions LTD CO
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:

Herman Timothy CHASTAIN
Name of Person

Fin Expeditions LTD CO
Firm/Company

425 North Shore Drive
Address

Cocoa Beach FL
City/State and Zip Code

FINXCOCOA BEACH @ GMAIL . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herman Timothy CHASTAIN at (321) 698-7233
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

FILED
2012 MAR -5 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Fin Expeditions LTD CO

(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 3/28/2005 and assigned
Florida document number 205000031105

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a
The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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.

n/a
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

Title	Name	Address	Type of Action
MGRM	Herman Timothy Chastain	425 N. Shore Dr Cocoa Beach FL 32931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cinnamon Lepore	480 4th St N. Cocoa Beach FL 32931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Herman Timothy Chastain	425 N. Shore Dr Cocoa Beach FL 32931	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	n/a		<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

n/a

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR -5 PM 1:08

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