## LO 600000 6828

(Requestor's Name)
(Address)
( amaza)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
<b>,</b> ,
Certified Copies Certificates of Status
Special Instructions to Filing.Officer:
,

Office Use Only



400173034434

03/25/10--01023--013 \*\*55.00

10 MAR 25 PM 1: 17
SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR 2 6 2009

**EXAMINER** 

## **COVER LETTER**

TO: * Registrat Division				•
SUBJECT:		Inshore Fishi	ng Adventures, LLC	
			ited Liability Company	<del></del>
The enclosed Artic	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespond	dence concerning this matter	r to the following:	
		Rich		
			Name of Person	
		Inshor	e Fishing Adventures, LLC	
;			Firm/Company	0 K
•		627 Pa	10 HAR 25 PH 1:1	
			Address	SSE I
			Goodland, FL 34140	FOR P
			City/State and Zip Code	- CONTAIN
			nite2lite@aol.com	
For further inform	otion con	E-mail address: ( cerning this matter, please o	to be used for future annual report notificationally	on)
ror futuer maorin	iation con	cerning this matter, please t	zan.	
Richard L. Karnes				2.1188
3	Name of F	erson	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the	following amount:		
\$25.00 Filing I	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)
] ]	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inshore Fi	shing Adventures,	LLC	<u></u>
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appear Limited Liability Company	ears on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	January 20, 2006	and assigned
	Company were med on _		
Florida document numberL0600006828	<del></del> ·	19.	y 6
This amendment is submitted to amend the following:	,		TILED TO MR 25 PM !: SECRETARY OF SI
A. If amending name, enter the new name of the li	mited liability company h	ere:	明里口
Saltwa	ter Adventures, LLC		PST TO
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" By the abbieviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	ORESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
•	•	Enter Florida street addr	ess
		, 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.

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:

	Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<del></del>		Add Remove
	<u> </u>		Demove.
			_ D
			<b>—</b> ~
			Remove
D. If a	mending any other information	, enter change(s) here: (Attach additional sheet	R 25 PM
			1:17 STATE FLORIDA
Dated _	MARCH 22	re of a member or authorized representative of a men	mber
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00