L06000082675

	(Requestor's Name)	
-	(Äddress)	
	(Address)	
	(City/State/Zip/Phone#)
PICK-I	UP WAIT	MAIL
	(Business Entity Name)
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<u>,</u>	(Document Number)	
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Special Instruction	ns to Filing Officer:	
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D. BRUCE
AUG 29 2011
EXAMINER

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TO:

TO:	Registration S Division of Co		
SUBJE	CT:	SAIL AWAY CRU	ISES AND VACATIONS, LLC
,			Limited Liability Company
The end	closed Articles of	f Amendment and fee(s) are	e submitted for filing.
Please i	etum all corresp	ondence concerning this ma	atter to the following:
			DAVID LOCKER
			Name of Person
		SAIL AW	VAY CRUISES AND VACATIONS
		•	Firm/Company
			207 COLETON LANE
		**************************************	Address
			DELAND, FL 32724 City/State and Zip Code
		**************************************	City/State and Zip Code
			LUCKERT@YAHOU.COM
For furt	her information	concerning this matter, pleas	SS. (to be used for future annual report notification)
	DA	VID LOCKER	at (386) 868-4214
	Name o	of Person	Area Code & Daytime Telephone Number
Enclose	d is a check for t	the following amount:	
√] \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAIL AWAY CRUISES AND VACATIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 9/07/2006 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L06000082675 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action		
MGR_	JANICE H. LOCKER	207 COLETON LANE DELAND, FL 32724	Add Remove		
· · · · · · · · · · · · · · · · · · ·			Add Remove		
			Add Remove		
·			Add Remove		
, A.F.,			Add Remove		
			Add Remove		
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
		ALL AHASSEE, FL	26		
Dated	AUGUST 22 , 2011	ATE OF THE PRIDA			
		authorized representative of a member			
	`				
	Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00