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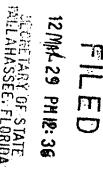
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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ЕСТ:		CHARTERS, LLC		
		Name of Lim	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
		1	RANDALL CARLTON		
			Name of Person		
			Firm/Company		
		150	01 SW 18TH TERRACE		
			Address		
		FT. l	AUDERDALE, FL 33312 City/State and Zip Code		
		misra	ael@israelandisrael.com		
For fur	ther information	E-mail address: (concerning this matter, please of	to be used for future annual report notificat	ion)	7 MA 29
		arilyn R. Israel	at (954) 53	0-8833	
	Name	of Person	Area Code & Daytime To	elephone Number	PHE: 30
Enclose	ed is a check for	the following amount:			DA CO
₹ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
	· Regist	JING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RED SAIL CH	ARTERS, LI	_C	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appe Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on _	March 20, 2008	and assigned
Florida document numberL08000029024			
This amendment is submitted to amend the following:	.•		
A. If amending name, enter the new name of the limited lia	<u>bility company h</u>	<u>ere</u> :	
FANTASYS	SAIL, LLC		
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
			SE CO
			30000000000000000000000000000000000000
Enter new mailing address, if applicable:			- S 35
(Mailing address MAY BE A POST OFFICE BOX)	***************		TANE OR SE
	.****		A
B. If amending the registered agent and/or registered or registered of security and/or the new registered office address he		our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addi	7055
	,	anti Tiviuu siitei uuul	Coo
	City	, Florida	Zin 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:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			∏Add
			Remove
D. If amen	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if neces	ssary.)
			<u>التارا</u>
			<u> </u>
			R: 36
$_{\rm Dated}$ $\sqrt{\gamma}$	1 Avch 26, 5	2012.	
	Ran day	ll Cart	
	Signature of a me	mber or authorized representative of a member	
	MANC	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00