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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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2009 OCT -2 AM III: 12 SERVETURE OF STARRO . : .*.*

T. CLINE

OCT - 5 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJ	F∕T•	SLIPSTREAM IS	LAND CHARTERS, LLC			
SUBJ!	EC1:		ited Liability Company			
The en	nclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
			John J. Gazzoli, Jr. Name of Person			
		Rosenblum, G	oldenhersh, Silverstein & Za Firm/Company	fft, P.C.		
		7733	Forsyth Blvd., Fourth Floor			
			St. Louis, MO 63105			e and Tob
			City/State and Zip Code			£ \$
			jjg@rgsz.com (to be used for future annual report notific		~ % % 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-
For fu	rther information	concerning this matter, please		ation)	209 OCT -2 AM II: 12 SPECIETARY OF STARID	
		n J. Gazzoli, Jr.	at (314) Area Code & Daytime	726-6868 Telephone Number	2	
Enclos	sed is a check for	the following amount:				
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	l)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerulan Tallahassee, FL 323	n ations ater Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLIDOTOCAM ICLAND CHADTEDS 11 C

(Name of the Limited Liability Com (A Florida Limited				
(A Florida Limite	ed Liability Company)			
The Articles of Organization for this Limited Liability Comparing L0900074936.	any were filed on	August 4, 2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company he	re:		
S/V SLIPS	TREAM, LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	pany," the designation '	'LLC" or the abbreviat	tion
Enter new principal offices address, if applicable:			= =====================================	_
Principal office address MUST BE A STREET ADDRESS	<u> </u>			1040 M
			登 5	
			一种新 人 1	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				**************************************
	-	•	三	
			***	_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the n	<u>iew</u>
Name of New Registered Agent:				_
New Registered Office Address:				_
	£	nter Florida street aa	aress	
		, 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:

MGR = Manager

	<u>Name</u>	<u>Address</u>	Type of Action
·····			· 💳 -
			——————————————————————————————————————
			□ D
			Add Remove
			Remove
			· · · · · · · · · · · · · · · · · · ·
If amen	ding any other information, e	enter change(s) here: (Attach additional shee	
	September 30	,	
 ated	September 30 Signature	, 2009 . May 2 Of a member of authorized representative of a me	

Page 2 of 2

Filing Fee: \$25.00