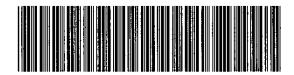
# 410000002322

(Requestor's Name)				
(Address)				
(00	iuiessj			
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				





600179242206

05/06/10--01023--006 \*\*25.00

DIVISION OF CORNERATIONS:

T. HAMPTON
MAY - 7 2010
EXAMINER

### **COVER LETTER**

TQ: Registration Section Division of Corporations
SUBJECT: Apollo Charters LLC 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:
To ellen Standard
Apollo Charters LLC
1119 S. Urchin Point
Crystal River FL 34429 City/State and Zip Code  JOQ. apollodeepsea Fishing. com  E-mail alidress: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Joellen Standard at 352 795 375 7  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solononial Solononial Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

## MAILING ADDRESS: Registration Section

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

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

(Name of the Limited Liability Compa (A Florida Limited	US LLC uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>り00000333</u> 。	y were filed on 1-7-2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	S S
(Principal office address MUST BE A STREET ADDRESS)		<b>19</b> 9888
Enter new mailing address, if applicable:	NA	PH CONTROL
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:	7	
New Registered Office Address:	A  Enter Florida street add	duane
·	•	uress
	, Florida	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

MGRM = M	anaging Member		
Title	<u>Name</u>	Address	Type of Action
m <b>G</b> RM	Scott S. Standard	1119 S. Urehin Point Crystal River FL 3492	Add Kemove
MGR	Scott S Standard	1119 S. Urchin Point Cystai River FL 34429	Add .kemove
			Add Remove
<del></del>			Add Remove 
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			- - - - - - - - - - - - - - - - - - -
	20 Eth 20		APR -6
Dated _ M	Joellen S	of authorized representative of a member	OF STATE
	Joellen S	randard or printed name of signee	NS

Page 2 of 2

Filing Fee: \$25.00