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SECRETARY OF STATE OIVISION OF GORPORATIONS

T. HAMPTON

MAR 1 1 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: REEL FISHING 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:				
Tracky Dibuacomo Name of Person				
Reel Fishing Charters, LLC Firm/Company				
3221 SW 11th PL Address				
CC, Ft 33914 City/State and Zip Code				
E-mail address: (to be used for future and report notification)				
For further information concerning this matter, please call:				
Tracey Di Guacomo at 239, 823-9678 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St				

MAILING ADDRESS: 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

REEL FISHING CHAR (Name of the Limited Liability Compan (A Florida Limited Li	TERS CC y as it now appears on our record iability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $1-26-20$	olo and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	led Liability Company," the designation	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		100 × 100 ×
(Principal office address MUST BE A STREET ADDRESS)		GRETA STORY
Enter new mailing address, if applicable:		PA 1
(Mailing address MAY BE A POST OFFICE BOX)		ATIONS
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
	, Flori	
	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

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** President Michael A. DiGiacamo Remove ☐ Add Remove ☐ Add □ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ A. D. B. Acomo
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00