

U2 000002157

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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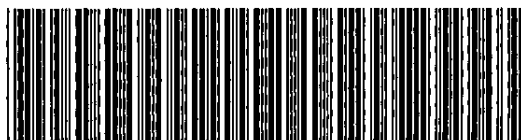
(Business Entity Name)

(Document Number)

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T. CLINE

FEB 14 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SANTA ROSA SOUND CRUISES 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:

MR. TY JORDAN, ESQ

Name of Person

JORDAN LAW FIRM, LLC

Firm/Company

1170 PEACHTREE STREET - 12TH FLOOR

Address

ATLANTA, GEORGIA 30309

City/State and Zip Code

LARHAY7@AOL.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

TY JORDAN

Name of Person

at (404)

474-4033

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

SANTA ROSA SOUND CRUISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 5, 2012 and assigned Florida document number L12000002157.

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

_____, 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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LARRY L. HAYES	7623 TREASURE STREET NAVARRE, FL 32566 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DENISE A. HAYES	7623 TREASURE STREET NAVARRE, FL 32566 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	THREE LANES ENTERPRISE, INC. (THREE LANES ENTERPRISE, INC.)	SE, INC. 7623 TREASURE STREET NAVARRE, FL 32566 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated FEBRUARY 8, 2012



Signature of a member or authorized representative of a member

TY JORDAN, FILING ATTORNEY

Typed or printed name of signee