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EXAMINER



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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

COVER LETTER

,ž., ,

TO: Registration Section Division of Corporations					
•	REEL E FISHIN SEA CHARTERS LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		KYLE EZERINS			
	Name of Person				
	REEL E FISHIN SEA CHARTERS LLC		SILC		
		Firm/Company			
	1925 N	1925 NE 10TH TER - SUITE 101			
	Address				
	CA	CAPE CORAL, FL 33909			
	City/State and Zip Code				
	KYLE	@REELFISHNSEA.CC	DM		
		·	notrication)		
For further information	concerning this matter, please o	call:			
KY	LE EZERINS	at (239)	770-4149		
Name	of Person	Arca Code & D	aytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
<u>v</u> 323.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enc	Certificate of Status &		
MAII	JING ADDRESS:	STREET/CO	DURIER ADDRESS:		
Registration Section Division of Corporations		Registration S Division of C	Section		
P.O. Box 6327		Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314		2661 Executi	ve Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IIN SEA CHARTEF			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe a Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	MARCH 2, 2012	and assigned	
Florida document numberL12000030164	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company h	<u>ere</u> :		
REEL FISH	INSEA CHARTERS L	LC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation "LLO	C" or the abbreviation	
Enter new principal offices address, if applicable:		-	<u>ੂੰ</u> ਨੂੰ	
(Principal office address MUST BE A STREET ADI	ORESS)	2>		
		A S	2	
		in Lu		
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		OR OR		
		<u>X</u>	·, co	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter the</u>	name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
<u> </u>		, 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:

4

MGR.= Ma MGRM = 1	anager Managing Member		
<u>Title</u> ·	<u>Name</u>	<u>Address</u>	Type of Action
			□ D
			□ Domous
			- D
			—
	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————
			Remove
D. If amen	ding any other information	, enter change(s) here: (Attach additional sheet	ts, if necessary.)
		:	
Dated	JUNE 27		
	Signatu	re of a member or authorized representative of a mer	mber
		KYLE EZERINS	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00