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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : DEAN AND DEAN, LLP
Account Number : I19980000091
Phone : (352) 368-2800
Fax Number : (352) 867-5787

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMOSASSA OFFSHORE CHARTERS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

T. CLINE

SEP 20 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: HOMOSASSA OFFSHORE 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:

Paul A. Hoffman

Name of Person

Firm/Company

5260 S. Mystic Point

Address

Homosassa, FL 34448

City/State and Zip Code

phoff@sunshineac.com

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

For further information concerning this matter, please call:

Paul A. Hoffman

Name of Person

at (352)

427-0120

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 SEP 19 AM 9:21

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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

HOMOSASSA OFFSHORE CHARTERS 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 August 30, 2012 and assigned Florida document number L12000112228.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOMOSASSA OFFSHORE CHARTERS LLC

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)

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SEP 19 11 AM '12
TAMPA OFFICE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated September 19 2012

Paul A. Hoffman
Signature of a member or authorized representative of a member
Paul A. Hoffman
Typed or printed name of signer