

L170000 48858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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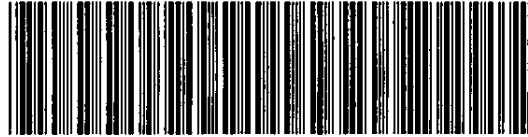
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES
ROBERT E. O'CONNELL, P.A.
reo@reo-law.com

ROBERT E. O'CONNELL, ESQ.

Broward
1701 West Hillsboro Blvd., Suite 304
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2385 NW Executive Center Dr.,
Suite 100
Boca Raton, Florida 33431
Tel: 561-999-3250
Fax: 954-977-7676

November 23, 2015

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Honey Fitz Charters, LLC
Florida Document No.: L13000048858

Dear Sir/Madam:

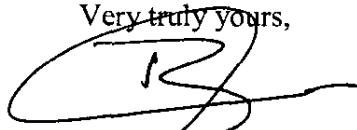
The enclosed Articles of Amendment are submitted for filing along with the required \$25.00 filing fee by check made payable to the Florida Department of State.

Please return all correspondence concerning this matter to:

ROBERT E. O'CONNELL, ESQUIRE
ROBERT E. O'CONNELL, P.A.
1701 WEST HILLSBORO BLVD., SUITE 304
DEERFIELD BEACH, FLORIDA 33442
EMAIL: reo@reo-law.com

For further information concerning this matter, please call Robert E. O'Connell, Esquire: 954-482-0424.

Very truly yours,



ROBERT E. O'CONNELL

REO/kas
Enclosure(s)

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

HONEY FITZ 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 April 3, 2013 and assigned Florida document number L13000048858.

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)

330 Clematis Street

Suite 114

West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

330 Clematis Street

Suite 114

West Palm Beach, FL 33401

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

City

, 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 605, 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

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TALLAHASSEE, FLORIDA

[Handwritten signature]

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY BUCKNOLE	3525 Village Blvd.	<input type="checkbox"/> Add
		Apt # 402	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33409	
MGR	WILLIAM M. KALLOP	3525 Village Blvd.	<input type="checkbox"/> Add
		Apt # 402	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33409	
MGR	WILLIAM M. KALLOP	P.O. Box 2666	<input checked="" type="checkbox"/> Add
		HOUMA, LOUISIANA 70361	<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

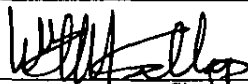


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 2, 2015



Signature of a member or authorized representative of a member

William M. Kallop, Managing Member

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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