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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TAMPA BAY PARTY BOAT LYC 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:
DARRYL WHEATLEY Name of Person
TAMPA BAY PARTY BOAT LLC Firm/Company
11749 92M STREET NORTH
City/State and Zip Code INFO @TAMPABAY FUNGOAT (COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DARRYL WHEATLEY at (727) 492-5392 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \$\text{\$60.00 Filing Fee, Certified Copy} \text{(additional copy is enclosed)}

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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

TAMPA BAY PARTY BOAT LLC (Name of the Limited Liability Company as it how appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 13/14 and assigned Florida document number 1400001133
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: TAMPA BAY FUN BOAT, 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)
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 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = , Manager AMBR = Authorized Member Title Name <u>Address</u> SHANNON WHEATT

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effe dat	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e this document is filed by the Florida Department of State) DECEMBER 29, 2014.

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE