

L14000029270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 21 2014

L. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRAB ISLAND BOAT RENTALS 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:

CALVIN LANDRUM
Name of Person

CRAB ISLAND BOAT RENTALS
Firm/Company

211 DURANGO RD UNIT 511
Address

DESTIN, FL 32541
City/State and Zip Code

CRABISLANDBOATRENTALS@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CALVIN LANDRUM at (850) 368 9969
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

CRAB ISLAND BOAT RENTALS 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 2/20/2014 and assigned Florida document number 14000029270

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)

1023 HARBOR BLVD
DESTIN, FL 32541

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

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>
MGR	SHAWN NORIS	211 DURANGO RD	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
MGR	JATHAN J. WHITEHEAD	211 DURANGO RD UNIT 511	<input type="checkbox"/> Add
		DESTIN, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: DATE FILED (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 06 APRIL, 2014.



Signature of a member or authorized representative of a member

CALVIN LANDRUM

Typed or printed name of signee

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Filing Fee: \$25.00

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PALM BEACH COUNTY FLORIDA