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## **COVER LETTER**

	Registration Sec Division of Corp			
eun urz		ine Holdings, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	<del></del>
The encle	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Camille Thibodeaux		
			Name of Person	
		K & G Marine Holdings, L	LLC	
			Firm/Company	<del></del>
		402 I-49 N Service Road		
			Address	
		Sunset, LA 70584		
		<del></del>	City/State and Zip Code	
		camille.ardoin@coteaugrov		
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
Camille	Thibodeaux		at () Area Code Daytime	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed	is a check for th	e following amount:		
☐ \$25.0	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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & G Marine Holdings, LLC			
(Name of the Limited	Liability Compa Florida Limited	iny as it now appears on our record Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Lial	bility Company	were filed on June 16, 2014	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
Fleur de Lis Sportfishing, LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liabi	fity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		390 North Orange Avenue. Su	ite 2300
Principal office address MUST BE A STREET		Orlando, FL 32801	SE
			- 12 To 12 T
Enter new mailing address, if applicable:	402 I-49 N Service Road	70. 0	
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Sunset, LA 70584	<u> </u>
<del>.</del>			Ĭ., O
B. If amending the registered agent and/or registered office address  Name of New Registered Agent:		address on our records, <u>enter</u>	the name of the new regi
Mane of New Registered Agent.	20011 1 2		
New Registered Office Address:	390 North Orat	nge Avenue, Suite 2300  Enter Florida street addres	w
	Orlando		orida <u>32801</u>
		City	oriua Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the of an effective date is listed, the date must	late of filing: be specific and cannot be prior	to date of filing or more than <sup>c</sup>	(optional) 0 days after filing.) Pursuant to 605.0207
lote: If the date inserted in this blo	ck does not meet the application	able statutory filing require	ements, this date will not be listed as
ocument's effective date on the De	partment of State's records,		
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l is filed.	date, but not an effective ti	ne, at 12.01 a.m. on the ea	arlier of: (b) The 90th day after the
September 9 lated	2024		
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	$\Lambda / \lambda /$		
Camille,	Thibodeae	0	
Camille	<u>Jhilodeae</u> Signature of a member or autho	rized representative of a men	nber

Filing Fee: \$25.00