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SECRETARY OF STATE
ALLAHASSEE, FINANCE

TUN 2'3 2015

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COVER LETTER

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Division of Co			·	
Cruise Pla SUBJECT:	nners of Naples, LLC			
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Leslie Marsh			
		Name of Person	The state of the s	
	Cruise Planners			
		Firm/Company		
	12086 Via Cercina Drive			
		Address		
	Bonita Springs, FL 34135			
		City/State and Zip Code		
•	leslie@getreadytocruise.com			
	E-mail address: (to be used for future annual report notif	ication) Es	20
For further information of	concerning this matter, please co	all:	ECR LA	2015
Leslie Marsh		239 594-7245 at ()	ETAR) HASSI	FILE JUN 27 F
Name o	of Person	Area Code Daytime	Telephone Number OF	o de la company
Enclosed is a check for t	he following amount:		TE AOIS A	 J
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &

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

Cruise Planners of Naples, LLC	
(<u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) Iorida Limited Liability Company)
_	lity Company were filed on July 18, 2014 and assigned
Florida document number L14000113836	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	HE JUN
	SR 2 E 2
B. If amending the registered agent and/or	registered office address on our records, enter the name of the
registered agent and/or the new registered office	address here:
N. C.V. D. L.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	LID 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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Timothy Marsh	12086 Via Cercina Drive	
		Bonita Springs, FL 34135	Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			2015 JUN 27 SECRETARY
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fective date, if other than the an effective date is listed, the date mote: If the date inserted in this occurrent's effective date on the	ust be specific an block does not	d cannot be prior meet the applic	able statutory fi	r more than 90 day	(optional) s after thing.) I ts, this date w	Pursuant to ill not be	605.0207 listed as
e record specifies a delayon The 90th day after the re	ed effective [*] ecord is filed.	date, but no	t an effectiv	e time, at 12	:01 a.m. o	n the ea	rlier of
June 16,		2015					
	1.	1 M					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00