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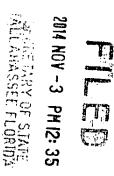
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COVER LETTER

	gistration Sectivision of Corpo				
		ail Charters, LLC			
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed	d Articles of Ar	mendment and fee(s) are sub-	nitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		Frederick W. Schwa	rz		
			Name of Person		
		Chase'N Tail Charte	rs, LLC		
			Firm/Company		
		2265 Plantation Driv	е		
	Address				
		Melbourne, FL 3293	5		
		btkschwarz@yahoo.c	City/State and Zip Code		
		E-mail address: (i	o be used for future annual report notification)	CHY 10%	.—(
For further i	nformation con	cerning this matter, please ca	all:		
Frederick	k W. Schwa	rz.	321 557-5350 at (SSEC P	
Enclosed is	Name of P	erson following amount:	Area Code Daytime Teleph	one Number FLORIDS	
	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chase'N Trail Charters, LLC				
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number L14000163497		and as	signe	d
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability company here:			
Chase'N Tail Charters, LLC				
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "	L.L.C.	,,
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
		····		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			·	
		·		 -
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter t</u> ddress here:	<u>he name</u>	of t	<u>he new</u>
Name of New Registered Agent:		1 25:	201	
New Registered Office Address:		12 in	NO	
New Registered Office Address.	Enter Florida street address	TOP	ယ်	T
	, Florida	Zip Gode	}	F
New Registered Agent's Signature, if changing Register	, and the second	70130 19810	ე: 35	-
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and I am fa d agent as provided for in Chapter 605, F.S. Or, i tered office address, I hereby confirm that the limi	miliar wi f this doc	th an umen	ıd

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Remove
			Add
			□ Remove
			2014 NOV - 3Ve PH I2: 35 Add Add SARR OF STATE PALLINAS STEFFLORION
			STATE 0 Add
			□ Remove
			Add
			Remove

it amending any other it	formation, enter change(s) here: (Attach addition	al sheets, if necessary.)
•		
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ffective date, if other th	an the date of filing: fic, cannot be prior to date of receipt or filed date and cannot be	(optional)
ne effective date must be speci ne date this document is filed in	fic, cannot be prior to date of receipt or filed date and cannot be by the Florida Department of State)	more than 90 days after
167.	2014	
ated 10/30		
1 tw	L A	
Frederick W	Signature of a member or authorized representative of	a member
Fiedelick vy		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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