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COVER LETTER

TO:	Registration Sec Division of Corp					
CHD IE		Fishing & Boat Rental LLC				
SUBJECT: Name of Limited Liability Company						
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	ndence concerning this matter	to the following:			
		Linda Beers				
			Name of Person			
			Firm Company			
		5960 North Oceanshore Bl	vd.			
			Address	.		
		Palm Coast, FL 32137				
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notification)				
For furti	her information ed	oncerning this matter, please of	-	ouncation		
Michael	l L.Vickers		386 569-9674			
	Name of	Person	Area Code Days	ime Telephone Number		
Enclose	d is a check for th	c following amount:				
≅ \$2 5.	.00 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Coast Fishing & Boat Rental 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 January 5, 2015 and assigned Florida document number _____1.15000016804 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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	Erica A. Vickers	5411 Muskegeon Street	
		St. Augustine, FL.	Remove
			Change
AMBR	Michael L. Vickers, Jr.	5411 Muskegeon Street	■ Add
		St. Augusitne, FL	□ Remove
			Change
			17 ABU - 11
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fec	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
itec	Junda Beers Signature of a member or authorized representative of a member
	/)

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Typed or printed name of signee

Filing Fee: \$25.00