

L15000032694

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

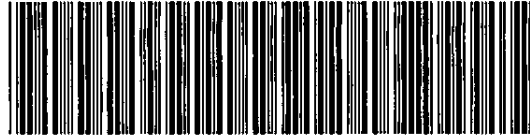
(Business Entity Name)

(Document Number)

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2015 OCT -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 13 2015
J. HARRIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COCOPLUM CHARTERS, LLC

DOCUMENT NUMBER: L15000032694

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth Horton

Name of Contact Person

Firm/ Company

69 Avenue C

Address

Marathon, FL 33050

City/ State and Zip Code

khorton@peccorp.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Horton

Name of Contact Person

at (203) 499-8994

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2015

KENNETH HORTON
69 AVENUE C
MARATHON, FL 33050

SUBJECT: COCOPLUM CHARTERS, LLC
Ref. Number: L15000032694

COPY

RECEIVED
15 OCT -6 PM 3:06
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COCOPLUM CHARTERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 215A00014029

FILED
2015 OCT -6 AM 9:47
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Job No.
Vendor No:
PM Approval:
Approved Date:
KH Approval:

RECEIVED
NOV -1 2015

BY:

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

COLOPLUM CHARTERS, 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 2/20/15 and assigned Florida document number 61500032694

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MARATHON FISHING CHARTERS, LLC

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:

(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

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

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2005 OCT 6 AM 9:4
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 1, 2015

Waf

Келуотн 5 Нолроу, Момбон

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA