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MAR 31 LUIO J SHIVERS

COVER LETTER

TO: Registration Se Division of Cor	ction porations		
Egress Fish	ing Charters, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	William J. Wargin		
		Name of Person	
		Firm/Company	
	11011 Avana Way		
		Address	
	Trinity, Florida Ste 305		
		City/State and Zip Code	
	allwayslivin@gmail.com		*
	E-mail address: (o be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
William J. Wargin		727 400-7178 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 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)

(i

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

Egress Fishing Charters, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	-
The Articles of Organization for this Limited Liability Com Florida document number L15000044681	pany were filed on 03/11/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Means Of Egress, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address . Flor	SSTOP ST
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	20届 60

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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> ☐ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove □ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00