

L15000080765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

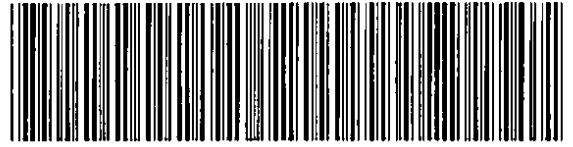
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2023 JUL -1 PM 6:44

S. FRANKLIN

JUL 24 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE LINE FISHING CHARTERS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Ziemski

Name of Person

Firm/Company

4239 NW 33rd Lane

Address

Cape Coral FL 33993

City/State and Zip Code

Blue Line Fishing Charters@gmail.com

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

For further information concerning this matter, please call:

John Ziemski

Name of Person

at (239)

Area Code

738-5259

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

BLUE LINE FISHING CHARTERS, LLC

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>
AMBR	Keith W. Edinger	_____	<input type="checkbox"/> Add
		909 SW 21 st Ln., Cape Coral, FL 33991	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	John Ziemski	4239 NW 33 rd Lane	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33993	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 JUN 1 - 1 PM 6:44

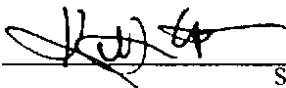
E. Effective date, if other than the date of filing: 5/26/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 26th, 2023



Signature of a member or authorized representative of a member

Keith W. Edinger

Typed or printed name of signee