

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000291152430

10/17/16--01023--015 \*\*\$5.00

16 OCT 17 PM 1:58
ONUSION OF CORPORATIONS

OCT 1 8 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJEC	T: Hooligan Charters, LLC  Name of Limited Liability Company	
The encl	osed Articles of Amendment and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Robert Dove Name of Person	
	Hooligan Charters Firm/Company	
	201 Bahia Vista Drive	
	Niceville FL 32578  City/State and Zip Code	
	E-mail address: (to be used for future and ual report notification)	
For furth	er information concerning this matter, please call:	
	Robert Dove at (804) 854-9275  Name of Person Area Code Daytime Telephone Number	
Enclose	l is a check for the following amount:	
\$25.	00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scriffied 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

# TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited Lieb	oligan C	harters.	r resource )		
( <u>Name of the Limited Liat</u> (A Flor	rida Limited Liability	y Company)	records.)		
The Articles of Organization for this Limited Liability	y Company were	filed on5	1/2/2015	5 Jand Rigned 17 PH 1:59	
Florida document number <u>L/5000834</u>	<u>82</u>			7 CT	
This amendment is submitted to amend the following:	:			里	Ö
A. If amending name, enter the new name of the li	imited liability c	ompany here:		1. 50 1. 50	
The new name must be distinguishable and contain the words "L	imited Liability Co.	nnany" the designati	on "LLC" or the	abbreviation "L.L.C."	
The new time must be eleminated and sometimes are noted.					
Enter new principal offices address, if applicable:				ista Driv	12
(Principal office address MUST BE A STREET AD)	DRESS)	Nicevi	lle, FL	. 32578	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		201 Bah Niceville		a Drive 32578	
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent:	ddress here:	address on our		r the name of th	e new
	201 201	nia Vista	Deine		
New Registered Office Address:	201 Ba	Enter Florida stre			<del></del>
				225	
			, Florida _	Zin Code	
	_	lity		гір Соае	
New Registered Agent's Signature, if changing Registe	ered Agent:				

If Changing Registered Agent, Signature of New 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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clifford W. Beard	43 Mango Ln	
		Freeport, FL 32439	Remove
			Change
***			
			□ Remove
			Change
**************************************			🗆 Add
			Remove
			Remove
			∰ Ghange
			Remove
			Change
			Add
			□ Remove
			Change

•	•		
_			
_			
	•		
-		<del></del>	
_			
		<del></del>	
-		<del></del>	
_			
	· · · · · · · · · · · · · · · · · · ·	<del></del>	
_		<del></del>	
عبد			
		0	
_		00 00 00 00 00 00 00 00 00 00 00 00 00	
_			П
		GF d	
_		<u> </u>	m
7 IVECasti	ve date, if other than the date of filing: (optional)	OF COSTORAL	
(If an effe Note:	ve date, if other than the date of filing:	ursuant ta <b>.6</b> 05.02	207 (3)(b) as the
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier	of:
Dated _	October 8 2016		
	Signature of a member or authorized representative of a member		
	Robert Dove		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00