

L15000096187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

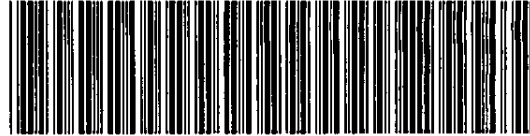
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2015 OCT 16 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT 19 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2015

RIPPING LIPS FISHING CHARTERS LLC
JUSTIN SHAUFFER
466 GUILD ST.
PT. CHARLOTTE, FL 33954

SUBJECT: RIPPING LIPS FISHING CHARTERS LLC
Ref. Number: L15000099920

RECEIVED
15 OCT 16 PM 12:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

We have received your document for RIPPING LIPS FISHING CHARTERS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00020595

For more information on the filing process, please visit our website at www.sunbiz.org. If you have any questions, please call (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

~~High Tide Charter Services~~
Name of Limited Liability Company

Rippon Lyps Charter Services LLC
JB

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

Please return all correspondence concerning this matter to the following:

Justin Shauffer
Name of Person

Firm/Company

18414 Fremont Ave
Address

Port Charlotte FL 39541
City/State and Zip Code

Shauffer@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Shauffer
Name of Person

at (941)
Area Code

815-1605
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

Already paid

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

FILED
2015 OCT 16 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rippin Lips Charter Services 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 6/1/15 and assigned
Florida document number L15000094187

This amendment is submitted to amend the following:

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

High Tide Charter Services 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)

18414 Fremont Ave
Port Charlotte FL 33954

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18414 Fremont Ave
Port Charlotte FL 33954

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:

~~Justin Spaut~~ JS

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>
owner	Justin Shauffer	18414 Fremont Cne	<input checked="" type="checkbox"/> Add
		Port Charlotte FL	<input type="checkbox"/> Remove
		33954	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
2015 DEC 1

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2015 OCT 16 PM 2:59
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

10/1/15

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 10/10/15, _____

Signature of a member or authorized representative of a member

Justin Shauffer

Typed or printed name of signer