L15000/41344

Office Use Only



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2015 SEP 28 PM 1: 49
SECRETARY OF STATE

SEP 28 PM 1:49

K.SALY EXAMINER OCT -1 2015

COVER LETTER

	tration Sec ion of Corp			
SUBJECT: _	GREE			G CHARTERS LLC
		N	ame of Limited Liabil	ity Company
Dear Sir or Ma	ıdam:			
The enclosed S	Statement o	f Correction and fee(s) ar	e submitted for filing.	
Please return a	ll correspo	ndence concerning this m	atter to the following:	
JESSI	CA P	OSEY, CPA	<u> </u>	
		Name of Person		
JESSI	CA P	OSEY, CPA	Ŋ, P.A.	
		Firm/Company		
3050 5	SHEL	L RD		
		Address	, , -	
JAY, F	L 32	565		
	Cit	y/State and Zip Code		
JESS10	CA.P	DSEY@YAH	IOO.COM	
E-mail ac	dress: (to l	be used for future annual	report notification)	
For further info	ormation co	oncerning this matter, plea	ase call:	
JIM M	CKE	<u>=</u>	₃₁ ,937	238-4650
	Name of	Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			я С Р	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a	check for t	he following amount:		
\$25 Filing	Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 20/5 SEP 28 PM ant to section 605.0209, F.S., this document is being submitted to correct a previously filed document CRF IADA
	FLORIDA OR FOREIGN LIMITED ELABILITY COMPANY 20/3 SFD 2-
oursua	int to section 605,0209, F.S., this document is being submitted to correct a previously filed document $CRFIA$ $Occ.$
FIRST	Int to section 605.0209, F.S., this document is being submitted to correct a previously filed document $CREIAR$ of $CREIAR$. The name of the limited liability company is: GREEN EYED GHOSTS FISHING CHARTERS SEE, FL. 0
SECO	The Florida Document number of the limited liability company is: L15000141344
<u>rhiri</u>	Articles of Organization
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
x	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The name of the LLC has an incorrect spelling that needs to be corrected.
	The third word in the name was listed as plural, when it should be singular - Ghost.
	Correct name should be GREEN EYED GHOST FISHING CHARTERS LLC.

Was defectively signed. The manner in which the document was d as follows:	efectively signed and the appropriate correction
	t
<u>OR</u>	
The electronic transmission of the record was defective.	
Jan M Il	
Signature of Authorized Representative	Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's S	Signature	

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)