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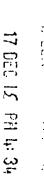
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)	-	
(Document Number)			
Certified Copies	_ Certificates of	Status	
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COVER LETTER .

TO: Registration Section Division of Corporations					
SUBJECT: Green Fyed Chost Fishing Charters LL 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:					
JESSICA POSELI CPA Name of Person					
JESSICA POSEY CPA PA					
3050 Shell Rd					
Jay, Pl 32565 City/State and Zip Code Se SSICA Possey & yahoo com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Same of Person at A31 238 - 41650 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Fyed Ghost		iers LlL		
•	nany as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 8-18-15	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	230 Wynne	ehaven Beachled		
(Principal office address MUST BE A STREET ADDRESS)	many Estery FL	3)569		
Enter new malling address, if applicable:		17 		
(Mailing address MAY BE A POST OFFICE BOX)	_	<u></u>		
B. If amending the registered agent and/or registered of	office address on our records, g			
registered agent and/or the new registered office address he	<u>ic</u> :	報 - 24 ぬ - 27		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	, Florid	la		
		T		

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					
Title	Name	<u>Address</u>	Type of Action		
	 		D Add		
			Remove		
			☐ Change		
			□ Remove		
			Change		
			□ Remove		
			☐ Change		
			[] Add		
			Remove		
			Change		
			□ Remove		
			Change		
			□ Remove		
			☐ Change		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective date, if other than the date of filling: (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 60: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 earli (b) The 90th day after the record is filed.	er of:	
Dated October 4, 2017		
hus Amck		
Signature of a member or authorized representative of a member		
Toward or mortiful name of simes		

Page 3 of 3

Filing Fee: \$25.00