

L15000/46042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

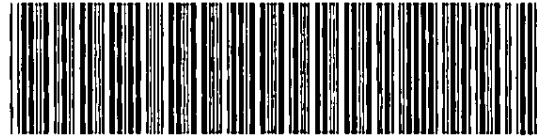
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 26 2017
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Parsons Dolphin Cruises, 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:

Brittany Parsons, owner
Name of Person

Parsons Marine, LLC
Firm/Company

100 Northcliffe Dr 446
Address

Gulf Breeze, FL 32562
City/State and Zip Code

parsonsmarine@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill or Brittany Parsons at (850) 287 5037
Name of Person Area Code Daytime Telephone Number
850 565 0787

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Parsons Dolphin Cruises, LLC

Parsons Marine, LLC

n/a

nic

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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	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Name Change Only

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JULIA A. HARRIS

E. Effective date, if other than the date of filing: _____ (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 December 20, 2017.

BPA owner

Signature of a member or authorized representative of a member

Brittany Parsons, owner

Typed or printed name of signee