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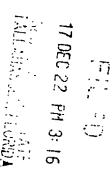
(Requestor's Name)				
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(Document Number)				
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### **COVER LETTER**

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:
Parsons Marine II.
Parsons Marine, LLC Firm/Company  100 Northcliffe Dr 446  Address
CIVIF Breeze Fl 32562  City/State and Zip Code  Parsons marine @ yanoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rill (1' Brittany Parsons at (850) 287 5037  Name of Person Parson Area Code Daytime Telephone Number 850 565 0787
Enclosed is a check for the following amount:  \$25,00 Filing Fee & Sertificate of Status  \$55,00 Filing Fee & Certificate of Status  \$55,00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

#### MAILING ADDRESS:

**Registration Section** 

TO:

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 .

Parsons Dolph	in Cruises, LLC
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 150001460	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	221 3 7
(Principal office address MUST BE A STREET ADDR	RESS) n/a
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	010
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
	Cuy 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>	Name		Address	Type of Action
	***			
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				□ Remove
				Change

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Effective	ate, if other than the date of filing: (optional)	207 (2)
Note: If the	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 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	l as the
document	effective date on the Department of State's records.	
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r of
	day after the record is filed.	<b>O</b> 1.
	3 an ambox 20 2017	
Dated	<u> 2 ecember 20, 2017.</u>	
	BARONOR	
	Signature of a member or authorized representative of a member	
	Brittany Parsons Owner Typed or printed name of signee	
	Dilliary imports, Owled	

Page 3 of 3

Filing Fee: \$25.00