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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Saly Emeral & Charters, 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:			
Jong than Shidemantle			
Salty Emerald Charters			
492 Pavish Blvd.			
Mary Esther, FL 32569			
City/State and Zip Code Salty Emergal Chry ters whove com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Rever Beal at 850 797-2452 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	us &		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salty Emeral	Charters, 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 v Florida document number <u>L 15000 1783</u> 04			
This amendment is submitted to amend the following:	ONISICH OF S		
A. If amending name, enter the new name of the limited liabil			
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	492 Tavish Blue		
(Principal office address MUST BE A STREET ADDRESS)	Mary Esther FL 32569=		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	Mary Esther FL 32569		
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:			
	ee Beal		
New Registered Office Address: 497	Enter Florida street address		
Mary	Exhi ev Florida 32569 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

Page 1 of 3

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> **Type of Action** AMBR Rence Beal 492 Pavish Blud MAdd mary Esther, FL 32569 = Remove ☐ Change □ Add □ Remove Change □ Remove _□ Change □ Add Remove 6 NOV 28 PH 12: 04 ☐ Change _□ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00