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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor				
	_	harters LLC			
SUBJE	CT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Mark A. Martin			
		·	Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Signal 7 Charters LLC			
			Firm/Company	······	
		110 Bruce Court			
			Address		
		Marathon, FL 33050		基图 表	
•		markmartin07@gmail.com	City/State and Zip Code	- FEB 7	1
		E-mail address: (to be used for future annual report notifi	cation) 5	= T]
For furt	her information c	oncerning this matter, please c	all:		C
Mark M	Martin (850 557-0574 at ()	- 51 - 51	
·	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for the	he 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)	
		ING ADDRESS: ration Section	STREET/COURIE Registration Section		
	Divisio	on of Corporations	Division of Corpora	tions	

P.O. Box 6327

Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

Signal 7 Charters LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ad Liability Company)	
The Articles of Organization for this Limited Liability Compared Clorida document number	ny were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Signal Zero Charters LLC		
The new name must be distinguishable and contain the words 'Limited Lie	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered		FILED TO THE name of the
registered agent and/or the new registered office address h		enter the mathe of the
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Cođe

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of follock does not meet the applicable status	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (atory filing requirements, this date will not be listed as t
e record specifies a delay The 90th day after the re		ective time, at 12:01 a.m. on the earlier of:
February 1	2016	
Dated		
	777	
	Signature of a member or authorized representation	resentative of a member
Mark A.	Marin AMBK	,
11/21/ 7/1	Typed or printed name of	fsignee

E.

Page 3 of 3

Filing Fee: \$25.00