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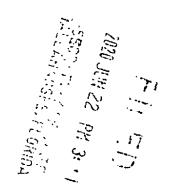
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COVER LETTER

TO: Registration Se Division of Cor			
SKM TOU	RS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSH PRITCHETT		
		Name of Person	
	SKM TOURS LLC		27.72
		Firm/Company	
	1265 OLD STICKNEY P	POINT RD	2020 JUN 22
		Address	D. P.
	SARASOTA, FL 34242		PH 3: 11
	CAPT.JOSHPRITCHETT	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information o	concerning this matter, please c	all:	
JOSH PRITCHETT		941 993-7337 at ()	
Name o	of Person		ime Telephone Number
Enclosed 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)
Mailing Addres Registration		Street Address: Registration S	Section
Division of C	Corporations	Division of C	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	`Tallahassee roe Street, Suite 810
rananassee,	1 14 July 1 T	-71J 17. 1710H	IVE DUCCH DUITE OLV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SKM TOURS LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny <u>ay it now appears on our records.</u>) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000029131</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
FUN BOAT TOURS, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	237
(Principal office address MUST BE A STREET ADDRESS)		
		: 13
	हैं। स्वरं	
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>
	مد	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the nam	e of the new registered
	en	
	Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as placing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
			Remove
			Gordanie Go
			☐Remove
			□Change
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			□Remove
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Filing Fee: \$25.00

Typed or printed name of signee