116000040242

(Red	questor's Name)	<u> </u>
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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SCORETARY OF STATE

COVER LETTER

TO:	Registration So Division of Cor		•	2019
end tea		LAST CHARTERS LLC		
SUBJE	∪1; <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	POIS JAN J. S. S. S. C.
Please re	eturn all correspo	ondence concerning this matter	to the following:	5 0.000
		Whitney Price		
			Name of Person	
		2519 NW 8th PI	Firm/Company	
		Cape Coral, FL 33993	Address	
		whitney@capecoralaccount	City/State and Zip Code ing.com	
		E-mail address: (to be used for future annual report notific	cation)
For furtl	ner information o	concerning this matter, please co	all:	
Whitney			239 542-2558	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for t	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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAST N BLAST 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 were filed on 02/25/2016	and assigned
Florida document number L16000040242		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
TZT Fishing Charters LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg		ls, <u>enter the name of the n</u>
registered agent and/or the new registered office ad	idress here:	
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street addre	ss
		lorida
	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

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	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		 	Add
			□ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			☐ Change

	
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	01/01/2019
(If an effective date i Note: If the date	other than the date of filing:
the record spec The 90th da	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
January 24	2019
V	dignature of a member or authorized representative of a member
	v Price

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00