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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration So Division of Co			
SUBJ		Enterprises LLC		
		Name of Lin	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Christopher S. Comelius	S	
			Name of Person	
			Firm/Company	
		2633 Greendale Ct.		
			Address	
		Palm Harbor, FL 34684		
			City/State and Zip Code	
		chris@nautimount.com		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information o	oncerning this matter, please co	all:	
Christ	topher S Comeliu	rs	813 842-3883	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
₩ \$2	5.00 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

2 Shields Enterprises LLC			
(Name of the Limit	ited Liability C (A Florida Lin	ompany as it now appears on or nited Liability Company)	ar records.)
The Articles of Organization for this Limited I	Liability Com	pany were filed on $\frac{3-30-18}{}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited	liability company here:	
Nauti Enterprises LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		N/A	2018 APR -L SECRETAR SALLAHASS
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o	~		SINIE 3
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	ret address
		······································	, Florida
		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	Address	Type of Action
	N/A		
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			☐ Change
			□ Remove
			Add
			Remove
			☐ Change
			C Add
			☐ Remove
	·		Add
			□ Remove
		 	
			
			□ Remove
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N/A					
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ctive date, if other than the	date of filing:	4- 4-4	(option	nal)	amb ta 605 (
effective date is listed, the date must If the date inserted in this blo	to be specific and cannot be prior ock does not meet the applic	to date or ming or mon able statutory filing i	equirements, this	date will n	ot be listed
ment's effective date on the De	partment of State's records.	_	•		
ecord specifies a delayed	effective date, but no	t an effective tin	ne, at 12:01 a.	m. on th	e earlie
e 90th day after the reco	ord is filed.				
March 30 d	2018	^			
		$0 \wedge 0$			
		X 1 1			
	Signature of a member or author	rized representative of	a member		
•	Signature of a member of adda.		a mondon		

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