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(Requestor	s Name)	
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(Document Number)		
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TO:

Registration Section

Division of Co	orporations		
SUBJECT: CAPTIAN	ALLEN'S OKEECHOBEE GU	UDE SERVICE, LLC	
30D3LC1	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EDWIN ALLEN DUKE		
		Name of Person	
		Firm Company	201
	181 E. LAKEVIEW DRIV		API 2019 KAY
		Address	
	WEWAHITCHKA, FLOR	IDA 32465	
		City/State and Zip Code	
	CAPTALLENDUKET@YA E-mail address: (AHOO.COM to be used for future annual report notification	
For further information	concerning this matter, please co	oll:	
ALLEN DUKE		at (850) 340-0901	
Name	of Person	Area Code Daytime Telep	phone Number
Enclosed is a check for	the 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)
√ Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPTAIN ALLEN'S OKEECHOBEE GUIDE SERVICE, 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 $\frac{05/25/2016}{2}$ and assigned Florida document number 116000102064 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAPTAIN ALLEN DUKE'S GUIDE SERVICE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.E.C." 181 E. LAKEVIEW DRIVE Enter new principal offices address, if applicable: WEWAHITCHKA, FLORIDA 32465 (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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			□ Add
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets	s, if necessary.)	
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 6 ents, this date will not be li	05.0207 (3)(sted as the
the record specifies a delayed effective date, but not an effective time, at 1 b) The 90th day after the record is filed.	l2:01 a.m. on the ear	lier of:
Dated 4/28/19		
Signature of a member or authorized representative of a member	भ	
Edwin/H/PA UUKE Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00