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	ation Section of Corporat	cions		
SUBJECT:	Dibs	en bettem	charters LLC	
-		Name of Limi	ted Liability Company	
The enclosed Art	icles of Amen	ndment and fee(s) are subt	nitted for filing.	
Please return all c	correspondenc	ce concerning this matter t	to the following:	
		Aur	Name of Person	
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For further inform	C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E-mail address: (to mail address) (to mail addre	City/State and Zip Code Solution Code Solution Committee annual report notified in the code of future annual report notified in the code of the cod	cation) Cation Cat
			o be used for future annual report polification at $\frac{305}{\text{Area Code}} = \frac{8-12}{\text{Daytime}}$	cation) LIAHASSEE, FLOANS Telephone Number RADA Telephone Number RADA
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Enclosed is a chec □ \$25.00 Filing	ck for the follo	owing amount: \$30.00 Filing For £ Certificate of Status ADDRESS. Section Corporations	Certified Copy (additional copy is enclosed)	© \$60.00 Filling Fee. Certificate of Status & Certified Copy (additional copy is enclose

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	m Charters LLC	
(Name of the Limited Limitity Co (A Florida Lim	ompany as it now appears on our records.) itted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>と16000で多か</u> し	pany were filed on June 6, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Dibs on bottom adventures i	LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered		Ethe name of the nev
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	9: C
	, Florida	<u> </u>
	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>	<u>Name</u>	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheet)	s, if necessary.)	
		
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Trective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 delete. If the date inserted in this block does not meet the applicable statutory filing requirements of State's records.	lays after filing peursuant to 605.0	207
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e record specifies a delayed effective date, but not an effective time, at 1. The 90th day after the record is filed.	2·01 a m ලිබ් the Arlier	· nf
vated $\frac{10-13-2017}{12.00p.m}$		
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Signature of a member or authorized representative of a member		
1 yped or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00