

L16000159474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

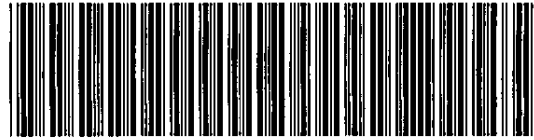
(Document Number)

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TALLAHASSEE, FLORIDA

SEP 15 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bohemian Charter, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Norris
Name of Person

Bohemian Charter, LLC
Firm/Company

82238 Overseas Highway
Address

Islamorada, FL 33036
City/State and Zip Code

norris169@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Norris at 410 563 8236
Name of Person Area Code Daytime Telephone 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) |
|--|---|---|--|

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

TO
ARTICLES OF ORGANIZATION
OF

Bohemian Charter, 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 August 25, 2016 and assigned Florida document number L16000159474.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bohemian Charters, LLC
The new name must be distinguishable and contain the words "Limited 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)

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 new information in the space provided below:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I have read and understand the amendments as indicated above and agree to act in this capacity. I further agree to comply with the provisions of any amended returns to my proper and complete performance of my duties, and I am familiar with and acknowledge the obligations of my position as registered agent as provided for in Chapter 605, F.S. On this document is being filed to merely request a change in the registered office and/or, if necessary, change in the limited liability company's name, I am not requesting the filing of this document.

If Changing Registered Agent, Sign (and Print) as Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
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		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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ALLIANCE, FLORIDA

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STATE OF FLORIDA
DEPARTMENT OF STATE

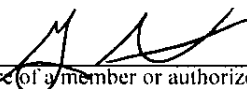
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 8, 2016.



Signature of a member or authorized representative of a member

Gregory Norris

Typed or printed name of signee