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(Reques	tor's Name)	-
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	Name of Lim	have ters - Si ited Liability Company	esta Key, Lic
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		C Sharp Name of Person	
	Sand Do	Lar Charters	5-Siestakey, LC
	2920 Inc	lia Palm	
	Edgewate	FI 33141 City/State and Zip Code Sherbhouse Cor to be used for future annual report notifi	(24)0p)
For further information c	roncerning this matter, please ca		Calling
Name o	Shorp of Person	at <u>380</u>) <u>295- 7</u> Area Code Daytime	7930 Telephone Number
Enclosed 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 tadditional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n utions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLUBL TARY TO AM 7: 20

Sand Dollar Charles Compa	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1}{9}$ $\frac{9}{8017}$ and assigned
Florida document number <u>L.1700000</u> 880	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Sand Doilor Charters - Siesta Keylle
(Principal office address MUST BE A STREET ADDRESS)	Flas S. Tamiami Trail & C
	Sieson Key, FI 34321
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Lee S	pharp
New Registered Office Address:	•
	Enter Florida street address
	A33

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.

Cire

Is Chapging Registered Agent, Signature of New Registered Agent

Zip Code

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 1 <u>Address</u> Type of Action MGR Lec Sharp 2920 india Palm 1976 Edgewater F1 32141 @ Remove _____ Change MGR Anthony J Stagni 50175. Pinest - Add New Smyrra Beach, Fl & Remove 33169 - Change _____ Change _____ Remove _____ □ Remove ☐ Change _□ Remove _□ Change

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in effective date is liste ote: If the date inser	er than the date of d, the date must be specified in this block does late on the Departmen	fic and cannot be p not meet the app	rior to date of filing dicable statutory	or more than 90 days a	fter filing.) Pursuant (to 605,0207 e listed as
	s a delayed effect er the record is f		not an effecti	ve time, at 12:0	1 a.m. on the ϵ	arlier o
nted Sept	ember	7.20	18.			
7 7	Signature	of a member or a	athorized represent	ative of a member		_

Page 3 of 3

Filing Fee: \$25.00