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CUDIECT	Island Time	Tours & Charters, LLC.		
SUBJECT	.*	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Kathleen McCoy		
			Name of Person	
		East Coast Nautical, Inc.		
			Firm/Company	
		1137 Lake Dr.		
			Address	·
		Cocoa, FL 32922		
		The state of the s	City/State and Zip Code	
		kmccoy@eastcoastnauticali		<u> </u>
		E-mail address: (to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Kathleen N	Лс Соу		321 799-9900 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

orida document number L17000031574 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: land Time Tours & Charters, LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		Carnivore Charters LLC
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		New Registered Office Address:
	Enter riorida street address	
	, Florida	
ew Registered Agent's Signature, if changing Registered Agent:	,	low Desistance Ament's Cierrature 18 shared - Design
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp		tw Registered Agent's Signature, it changing Regis

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Qr, 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

Page 1 of 3

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
		 -	☐ Change
			☐ Remove
			
		-	□ Remove
			☐ Change
·			□ Add
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			Change
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			Remove Change SET OF BAR
			STATE Remove
			□ Change

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an ef ote:	ive date, if other than the date of filing:
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re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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