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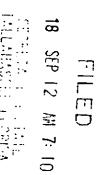
(Requestor's Name)
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COVER LETTER

Div	vision of Corp	porations			
SUBJECT:	REEL HEALIN' CHARTERS LLC				
SUBJECT:		Name of Limi	ned Liability Company		
The analosa	d Articles at 2	Amendment and fee(s) are sub-	mitted for filing		
			-		
Please retur	n all correspor	idence concerning this matter	to the following:		
		David Carpenter			
			Name of Person		
			Firm/Company		
		1401 E Broward Blvd, Se			
			Address	- <u>-</u>	
		Ft. Lauderdale, FL 3330	1		
		bhouston@thlglaw.com	City/State and Zip Code	.	
		E-mail address: (to be used for future annual report notific	ation)	
For further	information co	oncerning this matter, please ca	all:		
Bart Houst	ton		954 900-2615		
	Name of	Person	at () Area Code Daytime T	Felephone Number	
Enclosed is	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

TO:

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

REEL HEALIN' CHARTERS 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 C	Company were filed on $\frac{4/19}{1}$	/2017 an	d assigned	
Florida document number L17000060333	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited lijability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	ignation "LLC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>		
		SEP	-11 	
Enter new mailing address, if applicable:		2	<u>m</u>	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		our records, enter the na	ime of the new	
New Registered Office Address:				
	Enter Florie	Enter Florida street address		
		, Florida		
	Ciŋ	Zip	Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of n igent as provided for in Co ed office address, I hereby	ny duties, and I am familia napter 605, F.S. Or, if this	r with and document is	
	If Changing Registered Age	nt, <u>Signature of New Registerec</u>	l 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>	<u>Address</u>	Type of Action
MGR	David Carpenter	1401 E Broward Blvd, Ste 201, Ft. Lauderdale, FL 33301	
			Remove
			☐ Change
MGR	Bart A. Houston	1401 E Broward Blvd, Ste 201. Ft. Lauderdale, FL 33301	
			■ Remove
	Christina Stamoolis	 1401 E Broward Blvd, Ste 201,	Change
MGR	Christina Stantoons	Ft. Lauderdale, FL 33301	🗆 Add
		· · · · · · · · · · · · · · · · · · ·	■ Remove
			☐ Change
			S □ Remove
			20 Change
			Add Add
			☐ Remove
			Change
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			Change

						
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ffective date, if other that an effective date is listed, the da ote: If the date inserted in to ocument's effective date on	te must be specific an his block does not t	d cannot be prior t meet the applica	o date of filing or n	ore than 90 days a		
e record specifies a del	layed offective	data hut nat	an affactive	ima st 17·0	1 am on the c	arlier o
The 90th day after the			an enective	.mic, at 12.0	r a.m. on the e	Jainei O
ated		2018				
		· ———	→ '			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00