

L17000134225

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC WATER TOURS 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:

OLGA MITCHELL
Name of Person

OLD CITY TOURS LLC
Firm/Company

9835 OLD BAYVIEW RD #137
Address

JACKSONVILLE FL 32256
City/State and Zip Code

BIZMITCH44@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA MITCHELL at (207) 504 7936
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

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

ATLANTIC WATER TOURS 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 6/20/2017 and assigned Florida document number L 17000134225

This amendment is submitted to amend the following:

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

OLD CITY TOURS 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)

9838 OLD BAYMEADOWS RD
137
JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9838 OLD BAYMEADOWS RD
137
JACKSONVILLE, FL 32256

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OLGA MITCHELL

New Registered Office Address:

9838 OLD BAYMEADOWS RD #137

Enter Florida street address

JACKSONVILLE, Florida 32256

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.

OLGA MITCHELL

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>	<u>Address</u>	<u>Type of Action</u>
UUGAR	CODY A. JONES	6 N. WITNEY ST	<input type="checkbox"/> Add
		ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Remove
		32084	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

7-18-1977

Sept 1 2017

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.

Dated Sept 20, 2017

p. Oja Mitchell
Signature of a member

Signature of a member or authorized representative of a member

OLGA MITCHELL

Typed or printed name of signee