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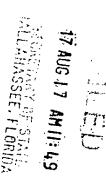
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AUG 1 8 2017

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Saltwater Cowboy Charters Inc. 3195 68th St. SW Naples, FL 34105 PHONE (239) 200-0355

Wednesday, August 16, 2017

Department of State
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

RE:

Saltwater Cowboy Charters, Inc.

Document #:

P12000052989

To whom it may concern:

I am the owner/president of the above referenced entity. I dissolved this entity online with Sunbiz on August 16th, 2017.

I am submitting a filing to amend the name of another company I am a member in – Saltwater Cowboy Ventures LLC – herewith.

I give my permission to release and use the name Saltwater Cowboy Charters to this LLC.

Thank you for your cooperation in this matter.

Very truly yours,

Joel Pepper, President, Saltwater Cowboy Charters, Inc.

COVER LETTER

Division of Co			
SALTWA SUBJECT:	TER COWBOY VENTURES L	LC	
SOURCE.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LISA ZAHORIAN		
		Name of Person	
	TAX & FINANCIAL STR	ATEGISTS LLC	
		Firm/Company	
	28089 VANDERBILT DR	a., SUITE 201	
		Address	
	BONITA SPRINGS, FL 3	34134	
		City/State and Zip Code	
	LISA@WONDERTAX.CO		
	E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	all:	
LISA ZAHORIAN		239 405-8395 at ()	
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

B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	_	STRATEGISTS LLC DR., SUITE 201 Enter Florida street address , Florid	nter the name of the new
registered agent and/or the new registered of New Registered Agent:	office address here: TAX & FINANCIAL S	STRATEGISTS LLC DR., SUITE 201	SEE, FLORIL
registered agent and/or the new registered of New Registered Agent:	office address here: TAX & FINANCIAL S	STRATEGISTS LLC	SEE, FLORIL
registered agent and/or the new registered of	office address here:		(A) = 1, 2, 2, 444.
0 0 0	_	ldress on our records, e	(A) = 1, 2, 2, 444.
D If amounting the marietance and accordance	Man marintaned office as	ldwaaa am assu maaada a	near that ham to the ham
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		\overline{G}_{-}
Enter new mailing address, if applicable:			
Trineipai office assiress Most Be Merice			
Enter new principal offices address, if appli (Principal office address MUST BE A STREAT			
_	, ,		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
SALTWATER COWBOY CHARTERS, LLC	or the number hability to	******** *****************************	
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
This amendment is submitted to amend the fol	llowing:		
Florida document number L17000140159	······································		
The Articles of Organization for this Limited I	Liability Company were fi	led on 06-28-2017	and assigned
	(A I lorida Ellinica Elability	Company,	
(Name of the Lim	(A Florida Limited Liability	now appears on our records.) Company)	

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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot	ha miar to data of filing or	(option	ial)	nt to 605	0203
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	applicable statutory fili	ng requirements, this c	late will no	t be liste	ed as
ne record specifies a delayed effective date, b The 90th day after the record is filed.	out not an effective	time, at 12:01 a.	m. on the	e earlie	er o
Dated AUGUST 16TH 2017					
VII. III					
THE WAY		ve of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00