

L17000140159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 AUG 17 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 18 2017

CLERK

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

**TO: Registration Section
Division of Corporations**

SUBJECT: SALTWATER COWBOY VENTURES 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:

LISA ZAHORIAN

Name of Person

TAX & FINANCIAL STRATEGISTS LLC

Firm/Company

28089 VANDERBILT DR., SUITE 201

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

LISA@WONDERTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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**

SALTWATER COWBOY VENTURES 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 06-28-2017 and assigned
Florida document number L17000140159.

This amendment is submitted to amend the following:

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

SALTWATER COWBOY CHARTERS, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

TAX & FINANCIAL STRATEGISTS LLC

New Registered Office Address:

28089 VANDERBILT DR., SUITE 201

Enter Florida street address

BONITA SPRINGS


City

Florida 34134

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.


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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF DISTRICT COURT
JASPER, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 AUG 17 AM 11:49
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

17 AUG 17 AM 11:49
OFFICE OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 16TH 2017

[Handwritten signature]

Signature of a member or authorized representative of a member

KYLE FRITSCH

Typed or printed name of signee