Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTRACOASTAL WATERWHY TOURS, LLC

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S. WARREN

OCT 1 0 2017

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COVER LETTER

	Registration Se Division of Cor					
CHARLE	INTRACC	DASTAL WATERWAY TO	OURS, LLC			
SUBJEC	1;	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub- ndence concerning this matter				
		Cheyenne Moseley				
		***************************************	Name of Person			
	Legalzoom.com, Inc.					
			Firm/Company	· ·		
	101 N. Brand Blvd., 11th Floor					
			Address			
	Glendate, CA 91203					
CityState astroent@hotmail.com			City/State and Zip Code			
		E-mail address: (to be used for future annews report notification)				
For furthe	er information e	oncerning this matter, please c	all:			
Cheyenne Moseley		800 773-0888 ext. 9724				
	Name o	l'Person	at ()	ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is erclosed)		
		ING ADDRESS	CTD FFTWO UD	IED ANNDESS.		

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTRACOASTAL WATERWAY	TOURS, LLC	
(Name of the Limited I	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi Florida document number 1.17000168751	·	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	es cukhress
		, Florida
	City	Zip Cock
New Registered Agent's Signature, if changing Reg	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this che	and complete performance of my di- red agent as provided for in Chapte fistered office address. I hereby con- ange.	tics, and I am familiar with and er 605, F.S. Or, if this document is firm that the limited liability
	H [*] Changing Registered Agent, <u>Si</u> Page 1 of 3	mature of New Registered Aleut

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Sproul	5834 NW Cultom Circle	
		Port St. Lucie, 4st. 34986	☑ Remove
	-		
			□ Remove
			☐ Remove
			Remove
			□ Add
			FILED Remove FILED AND AND SERVE FILORIDA FILORIDA FILORIDA FILORIDA FILORIDA FILORIDA FILORIDA FILORIDA FILORIDA FILORIDA
			FILED

Page 2 of 3

Typed or printed name of signer

Page 3 of 3

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