Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 : (323)962-3889 Fax Number

Email Address:

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPT, CODY'S CHARTERS, LUC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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K. SALY

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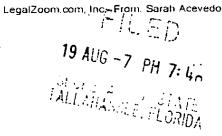
COVER LETTER

TO:	Registration Sec Division of Corp			·
euo ic		DY'S CHARTERS, LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	etum all correspo	ndence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.	•	
	•		Firm/Company	
		101 N. Brand Blvd., 11tl	h Floor	
	Address			
		Glendale, CA 91203		
			City/State and Zip Code	
		Capteodymeinullen@gm	ail.com to be used for future annual report north	cauon)
C C	sharinfaian a	oncerning this matter, please ca		•
		oncerning this matter, please co		u 0704
Cheye	nne Moseley		800 773-0888 ex	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	ne following amount:		
□ \$ 25	5.00 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)
	Regist	ING ADDRESS: ration Section of Corporations	STREET/COURI Registration Section Division of Corpora	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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



CAPT, CODY'S CHARTERS, LLC	<u></u>	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L17000179097	Company were filed on 08/22/2017	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
One On Fishing Charters LLC		
he new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDI</u>	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered agent and/or the new registered office add 	stered office address on our records, g dress here:	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	#70	.i
	Giv., Flori	da 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

MGR = ' Manager

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

<u>itle</u>	Name	<u>Address</u>	Type of Action
			D Add
			Remove
		·	□ Add
			Remove
			Remove 9
			Add PR
			□ Add P
			5
			□ ∧dd
			□ Remove
			☐ Remove
			□ Remove

If amending any other information, enter change(s) here: (Attach addi	itional sheets, if necessary.)
Effective date, if other than the date of filing: [The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) at be more than 90 days after
Dated JULY 31 2019	
Signature of a member or authorized representati	ive of a member
Cody McMullen	
Typed or printed name of signed	:

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Filing Fee: \$25.00