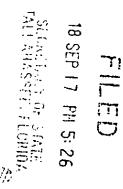
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SEP 21 2018 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunget Sounds Cruise 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:
Andrew Cicale Name of Person
Sunset Sounds Cruise LLC Firm/Company
1047 9+ Ave. N.W.
Largo FL 33770 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew C: Cale at (727) 420 - 2875 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Sunset Sounds	s Cruise L	LC_
(A Florida Limited Chapting Con	npany as it now appears on our reco ed Liability Company)	<u>orus.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{217000185571}{}$.	any were filed on Aug 30	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	<u> </u>	
Sundown Sounds Cru: The new name must be distinguishable and contain the words "Limited Li	Se LL	
The new name must be distinguishable and contain the words "Limited Li	ability Company, the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	SET
		5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		953
training with the first too.		<u> </u>
		Visit The Control of
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code
New Registered Agent's Signature if changing Registered Ages	nt.	

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>	Type of Action
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			Change
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.r The 90th day after the record is filed.	n. on th	e earli	er of
Dated 9/13/18			
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Dated 9/13/18 Accept CiCal			

Page 3 of 3

Filing Fee: \$25.00