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DIVISION OF CORPORATIONS
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JAN 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joey Platz Charters, 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:

Anthony N. Scarpo
Name of Person

The Nichols Law Group
Firm/Company

560 Rugh St., Ste 150
Address

Greensburg PA 15601
City/State and Zip Code

Anthony@TNLGUSA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony N. Scarpo at (412) 953-1425
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Joey Platz Charters 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 12-5-17 and assigned Florida document number 617000249149.

This amendment is submitted to amend the following:

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

J. Platz, 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)

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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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

Title	Name	Address	Type of Action
AMBR	Joseph A. Scarpo, Jr.	355 Firehouse Ct	<input type="checkbox"/> Add
		Longboat Key FL 34228	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Anthony N. Scarpo	212 5 th St	<input type="checkbox"/> Add
		Oakmont PA 15139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated 12.28.17

Signature of a _____
JOSEPH H

Signature of a member or authorized representative of a member

JOSEPH A SCARPO

Typed or printed name of signee

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