Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number: 120070000160 Phone: (800)494-3124

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KB BACK COUNTRY CHARTERS LLC

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

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KB BACK CO	UNTRY CHARTERS LL	.C	
(Name of the Limited Lightlity (A Florida I	Company as it now appear imited Liability Company)	rx on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL18000004472	inpany were filed on	JANUARY 5, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company he	ere:	
,		. 	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the c	lesignation "LLC" or the a	hbreviation L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>		2 1

Enter new mailing address, if applicable:	P		- 第二
(Mailing address MAY BE A POST OFFICE BOX)			2
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ı our records, <u>enter</u>	the name of the new
	, , , , , , , , , , , , , , , , , , , ,		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of ent as provided for in (^e my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is
	If Changing Registered A	gent, <u>Signature of New R</u>	egistered 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:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KARL J BUTIGIAN	18431 POSTON AVE	Add
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	nature of a member or	authorized pres	intsuve of a member			•

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