Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | Division of Corporations | | SE ^C |
| | Fax Number : (850) 617- | -6383 | <u>n</u> q |
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| From: | Account Name : BILZIN SU | JMBERG BAENA P | RICE & EXELI |
| | Account Number : 075350000 | 132 |). A |
| | Phone : (305)374- Fax Number : (305)351- | | |
| | Fax Number : (305)351- | 2122 | |
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Alaska Yacht Charters LLC | | |
|--|--|---|
| (Name of the Limited Yiability Con (A Florida Limit | npany as it now appears on e | our records.) |
| The Articles of Organization for this Limited Liability Compa Florida document number L18000006859 | my were filed on $\frac{01/08/2}{}$ | and assigned |
| This amendment is submitted to amend the following: | | 18 OE |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| N/A | | 9 - 6 |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the design: | tion "LLC" or the abbreviation "L.C." |
| Enter new principal offices address, if applicable: | | F. S |
| (Principal office address MUST BE A STREET ADDRESS) | N/A | Print of |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered | | records, enter the name of the new |
| registered agent and/or the new registered office address h | ere: | |
| Name of New Registered Agent: N/A | | |
| New Registered Office Address: | | |
| | Enter Florida str | ect address |
| | | . Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Ager | ıt: | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a | gree to act in this capac te performance of my d s provided for in Chapt | uties, and I am familiar with and er 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 Rogistered Agent, Signature of New Registered Agent

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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> | Name | Address | Type of Action |
|--------------|-------------------|-------------------------------|---|
| MGR | Carter N McDowell | 1450 Brickell Ave, Suite 2300 | |
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| ctive d | late, if other than the date e date is listed, the date must be sp | of fillings | | (options | I\ ' |
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| ument's | effective date on the Departs | nent of State's records | | , , | 3, |
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| record | specifies a delayed effe | ective date, but no | t an effective t | ime, at 12:01 a.m | . on the earlier |
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| _ | /s/Carter N. McDowell | | | | |
| - | Şigna | ture of a member or suth | orized representative | of a member | |
| | Carter N McDowell | | | | |
| | CHILLY IN MICHOLI | | ed name of signee | | |

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Filing Fee: \$25.00