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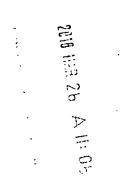
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wights At Sea 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:	
Chezney Wusick Name of Person	
Nights at Sea LLC Firm/Company	
3920 S. ROOSE VEH BIVD APT#30	85
Key West FL, 33040 City/State and Zip Code	
Chezneywsick E amail. Com E-mail address. (to be used for future annual report notification)	2913 1:17
For further information concerning this matter, please call:	26
Chezney Vera Wosick at (775) 386-564 Name of Person Name of Person	4
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

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

Nights At Sea LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on March 22nd 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:	3920 S Roosevelt BLVD	
Principal office address MUST BE A STREET ADDRESS)	APT #308S	
	Key West FL, 33040	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, ente	r the name of the m
registered agent and/or the new registered office address here		71)
	:	26
Name of New Registered Agent:		·
New Registered Office Address:		=
	Enter Florida street address	98
	, Florida _	Zip Code
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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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Chezney Wosick	3920 S Roosevelt BLVD	□ A.4.4
		APT #308S	- Add
			Remove
		Key West FL, 33040	☐ Change
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		 -	□ Add
			□ Remove

_ Change

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Charman Mary Wasiak		Signature of a member or authorized representa	ative of a member	
	Chezney Vera Wosick			

Page 3 of 3

Filing Fee: \$25.00