## L18000051792

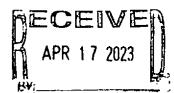
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
APR 17 2023
Augh

Office Use Only



000406080690

04/19/23--01009--010 \*\*52.50



## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		
SUBJECT:	Viking Coo	Stal CMT+CYS, ited Liability Company	uc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		<u> </u>	
		Firm/Company	
		Address	
		City/State and Zip Code	1
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Amanda Name o	Lumbu 5	at ( <u>850)</u> 228 ( Area Code Daytim	4901ac Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 7	Street Address: Registration Se Division of Cor The Centre of 3	rporations Fallahassee
Tallahassee, l	「レン2314	Z410 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viking Coastal Charters, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 02/27/2018	and assigned
lorida document number L18000051792		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	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:		7.3
Principal office address MUST BE A STREET ADDRESS)	***	· · ·
		:
		∴-
Enter new mailing address, if applicable:		* • • • • • • • • • • • • • • • • • • •
Mailing address MAY BE A POST OFFICE BOX)		. <u>.</u>
3. If amending the registered agent and/or registered office a	address on our records, enter the n	ome of the new regis
gent and/or the new registered office address here:	duress on our records, enter the n	and of the new regis
Name of New Registered Agent:		**************************************
New Registered Office Address:	Enter Florida street address	
	enter r torida street address	
	, Florida	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Amanda Lundquist	97 Bert Thomas Ln	<b>≅</b> Add
		Crawfordville, FL 32327	□Remove
			□Change
			🗆 Add
			Remove
			□Change
		<u>- 1</u>	
			Remove
			□Change (``` (``)
		. · ·	□Add
·	£ ·	<u> </u>	Remove
			_ □Change -
			□Add
			_ Remove
			□Change □Add
	· · · · · · · · · · · · · · · · · · ·	<u></u>	□ Add □ Remove
			□Change

				<del></del>		<del></del>	
	<u></u>				<u> </u>		
		- **					
	<del></del>						
				<del></del>			
<del></del>							
		<del></del>		•		73	
<del>-, , ,</del>					•·· ] •• 1	<u></u>	
			n		-	1	'
					787		
					<u>.</u>		
Effective date, if of fan effective date is lis Note: If the date ins document's effective	sted, the date must be serted in this block	specific and can does not meet	mot be prior to date t the applicable s	of filing or more than tatutory filing require	(optional) 00 days after filing.) F ements, this date w	ursuant to 605.02 ill not be listed	:07 ( as t
record specifies a d	lelayed effective da	te, but not an	effective time, a	12:01 a.m. on the ea	arlier of: (b) The	00th day after th	ıc
Dated July	30	·	2023				
	Left 3	parare of a men	foer or authorized	representative of a mer	nher	····	
	U -						

Filing Fee: \$25.00