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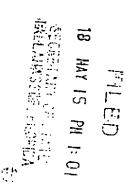
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Co	orporations		
Anchors .	Away LLC		
SUBJECT.		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Victoria H Parker		
		Name of Person	
		Firm/Company	
	1407 48th Avenue NE		
		Address	
	St. Petersburg, FL 33703		
	•	City/State and Zip Code	<del> </del>
	vparker56@gmail.com		
	E-mail address: (	to be used for future annual report notif	lication)
For further information	concerning this matter, please co	all:	
Victoria H Parker		727 709-9333 at ( )	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the 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:

TO:

Registration Section

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

Anchors Away LLC				
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company	were filed on April 23, 2018	and assigned		
Florida document number L18000101788				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Local Boat Charters, LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	-	25 三十		
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Inter new mailing address, if applicable:		골		
Mailing address MAY BE A POST OFFICE BOX)				
		- (-13		
<ol> <li>If amending the registered agent and/or registered off egistered agent and/or the new registered office address here</li> </ol>	fice address on our records, <u>ento</u> :	er the name of the r		
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ument's effective date or	the Department of State's rec	cords.				
record specifies a de he 90th day after th	layed effective date, bu e record is filed.	it not an effectiv	ve time, at 12:01	a.m. on	the ea	ırlier d
ed <u>May</u> 10	2018					
() veto	Signature of a member or	in .				
	N 1 1 / 4 / 1/2	<u> </u>				-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00