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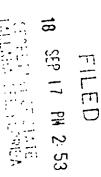
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #/	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
cup ic		Slater LLC		
SUBJE	ul:	Name of Limi	ted Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter t	to the following:	
		lan Slater		
		Captain Ian Slater	Name of Person	
			Firm/Company	
		901 Eisenhower Dr. Apt	• •	
		Key West, FL 33040	Address	
		Slatercrr@yahoo.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	ill:	
lan Slat	ter Name of	Person	321 591-6735 at ()	Telephone Number
	wante of	Terson	Area Code Dayune	rerephone (vulnoe)
Enclosed	d is a check for th	e 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 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

Captain Ian Slater LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.</u>) y)
The Articles of Organization for this Limited I	Liability Company were filed on	July 27, 2018 and assigned
Plorida document number L18000180784	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	
		~. *
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
		
3. If amending the registered agent and		on our records, enter the name of the
egistered agent and/or the new registered (office address here:	
Name of New Registered Agent:	Anthony Fredrick Slater	
New Registered Office Address:	149 SE 2nd St.	
The Megistered Office Addiess.	Enter i	Florida street address
	Satellite Beach	, Florida 33040
	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>	<u>Address</u>	Type of Action
MGR	lan Slater	901 Eisenhower Dr. Apt 1 Key West, FL 33040	= Add
			Add
			□ Remove
			☐ Change
MGR	Chelsea Slater	901 Eisenhower Dr. Apt 1 Key West, FL 33040	□ Add
			U Add
			■ Remove
			Change
AMBR	Chelsea Slater	901 Eisenhower Dr. Apt 1 Key West, FL 33040	■ Add
			Remove
			☐ Change
			三一一
			20 P. □ R. Smove
			Change
			
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

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Effecti f an eff	ive date, if other the certive date is listed, the c	an the date of fili late must be specific a	ing:	date of filing or more tha	(optional) in 90 days after filing.) I	Pursuant to 605.0207
Note:	If the date inserted in ent's effective date or	this block does not	t meet the applicab	ole statutory filing requ	irements, this date w	ill not be listed as
				an effective time,	at 12:01 a.m. o	n the earlier of
The	90th day after th	e record is filed	d.			
Dorod		4				
Dated		1/1/1	_ ,	_ •		
		1/1/1/	••			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00