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(Requestor's Name)
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PICK-UP WAIT MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2018

SPOT STALKER CHARTERS LLC TODD VIVIAN 352 LAKE MILLS AVE CHULUTA, FL 32766 US

SUBJECT: SPOT STALKER CHARTERS LLC

Ref. Number: L18000191174

We have received your document for SPOT STALKER CHARTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING TITLES FOR PEOPLE BEING ADDED.

Please accept our apology for failing to mention this in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 718A00020844

(i)

COVER LETTER

TO:	Registration Sec Division of Corp			
	Spot Stalker	es Charters LLC		
SUBJEC	CT:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subr		
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		Todd Vivian		
			Name of Person	
		Spot Stalkers Charters LLC	•	
			Firm/Company	
		352 Lake Mills Avenue		
			Address	
		Chuluota, Florida 32766		
			City/State and Zip Code	
		toddvivian@gmail.com		
		E-mail address: (1	o be used for future annual report notific	ration)
For furth	er information co	oncerning this matter, please ca	H:	
Todd Vi			at () 910-0697 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l 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:

TO:

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

Spot Stalker Charters LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited l	tny as it now appears on our recor <u>ds.)</u> Liability Company)	
The Articles of Organization for this Limited Florida document number 1.18000191174	Liability Company	were filed on August 9, 2018	and assigned
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liab	ollity company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Communy," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		352 Lake Mills Ave,	
		Chuluota, Florida 32766	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		352 Lake Mills Ave. Chuluota, Florida 32766	- j
	· · · · · ·		SECRITAL.
3. If amending the registered agent and registered agent and/or the new registered of			\$27 in 1
Name of New Registered Agent:	Todd Vivian		SSEE.F
New Registered Office Address:	352 Lake Mills		LE 15
		Enter Florida street address	
·	Chuluota	, Florid:	
		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 amording Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

t <u>le</u>	Name	<u>Address</u>	Type of Action
_	Tom Glover		
		3030 N. Rocky Point Drive, Ste 150A Tampa, Florida 33607	Remove
			Change
	Todd Vivian Jounes	352 Lake Mills Avenue, Chuluota, Florida 32766	= Add
	Owner		□ Remove
			Change
	Janet Vivian, June	352 Lake Mills Avenue, Chuluota, Florida 32766	_ Add
	Owner		☐ Remove
			Change
			Add
			□ Remove
			SECRET
		<u></u>	ALTA SSO
			AND OF GRATER OF ASSEC, FL
			Change
			🖸 Remove
			☐ Change

	3030 N. Rocky Point Dr. Ste 150A, Tampa, Florida 33607	
	Add the owners as agent: Todd & Janet Vivian, 352 Lake Mills Avenue, Chuluota, Florida 32766	
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	SEE 3	
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Effec	08/21/18 etive date, if other than the date of filing:	5 0207 :
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.	ted as t
he re T h	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl e 90th day after the record is filed.	er of
Dated	<u>- 4/11/18</u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00