

118000207973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

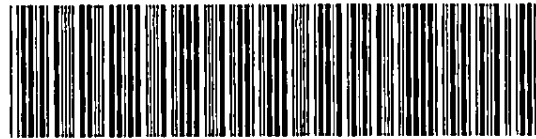
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke to owner on 2/4/19  
Approved to Add LLC suffix  
and change title to MGR.

SS

Office Use Only



500323213795 ✓

01/25/19 11:11:11 AM \*2\*

S. TALLENT

FEB 04 2019

FILED  
19 FEB -4 AM 10:06  
01/25/19 11:11:11 AM \*2\*

Amend  
VLC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2019

KEVIN BROWN  
CRAB ISLAND WATER TAXI  
3912 MESA RD  
DESTIN, FL 32541

SUBJECT: CRAB ISLAND WATER TAXI LLC  
Ref. Number: L18000207973

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR THE NAME IN LETTER A, PLEASE PROVIDE A SUFFIX AS LISTED, LLC.

ON PAGE 2 OF 4, THE TITLE OF OWNER IS NOT AN ACCEPTABLE TITLE LISTED ON OUR WEBSITE. PLEASE AMEND ACCORDINGLY.

Please return 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) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 119A00002370

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crab Island Water Taxi 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:

Kevin Brown  
Name of Person

Crab Island Water Taxi  
Firm/Company

3912 Mesa Rd  
Address

Destin, FL 32541  
City/State and Zip Code

Kevinbrown220@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Brown at (850) 685-7041  
Name of Person Area Code Daytime 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:**  
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**

Crab Island Water Taxi LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/30/18 and assigned Florida document number L18000207973

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Crab Island Water Shuttle LLC  
The new name must be distinguishable and contain the words "Limited Liability 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)**

3912 Mesa Rd  
Destin, FL  
32541

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAME AS ABOVE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kevin Brown

New Registered Office Address:

3912 Mesa Rd  
Enter Florida street address

Destin, Florida 32541  
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>	<u>Type of Action</u>
MGR	Johnny Parker	3912 Mesa Rd	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR OWNER	Kevin Brown	3912 Mesa Rd	<input checked="" type="checkbox"/> Add
		Destin, FL	<input type="checkbox"/> Remove
		32541	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

1/23/19

[Signature]

Signature of a member or authorized representative of a member

Kevin R Brown

Typed or printed name of signee