## 43000343060

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(Address)				
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## **COVER LETTER**

TO:

	gistration Se vision of Cor			
elblect	Captain Awesome Fishing Charters, LLC			
SUBJECT		Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Jennifer Noga		
			Name of Person	
		Where You Matter Accoun	nting & Tax Prep, LLC	
			Firm/Company	<del></del>
		PO Box 390005		
			Address	
		Deltona, FL 32739		
			City/State and Zip Code	
		jnoga@wymaccounting.cor		
		E-mail address: (	to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
Jennifer No	oga		386 575-4112	
	Name o	f Person	Area Code Daytin	ne 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 Section		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Corporations		
	O. Box 632		The Centre of	
ال	ıllahassee, I	31. 02314	Z4TO N. MONTO	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Captain Awesome Fishing Charters, 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 October 15, 2018 Florida document number 1.18000243560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NexGen Fishing Adventures, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/AEnter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	Name	Address	Type of Action
N/A			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove

	N/A
	<del></del>
f an ei <u>Note:</u>	tive date, if other than the date of filing:
reco d is f	rd 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 iled.
Dated	J 2 9 - 2021  J Approx Alarlus  Signature of a member or authorized representative of a member
	I Comman Affailal
	Signature of a member or authorized representative of a member
	Conner M. Liebal
	Typed or printed name of signee

Filing Fee: \$25.00