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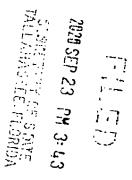
(Requestor's Name)
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PICK-UP WAIT MAIL
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,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status





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## **COVER LETTER**

TO: Registration Se Division of Cor					
	SUN AND SEA CHARTERS	L1.C			
SUBJECT:	Name of Lim	ited Liability Company	<u>.</u> .	-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	SERDAR BOZKURT				
		Name of Person		2029 S	,
		Firm/Company		2029 SEP 23	
	777 NW 72ND AVENUE				; 1
		Address		F ( CAUS)	-
	STE 1100			5 5	
	SUNANDSEACHARTERS	City/State and Zip Code  S@GMAIL.COM  to be used for future annual report not	itiograp)	-	
For further information of	concerning this matter, please c		incanon)		
SERDAR BOZKURT		954 8065583 at ( )			
Name o	of Person	Area Code Daytin	ne Telephone Num	ber	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, icate of Status & ied Copy in all copy is enclosed)	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sc			
Division of C P.O. Box 631		Division of Co The Centre of			
Tallahassee,		2415 N. Monro	oe Street, Suite	2 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
reviation "L.L.C."
2020 SEP 2
<u>. မ</u>
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## 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 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
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ective date, if other than	the date of filing	<u>.</u>		(	optional)		
n effective date is listed, the date te: If the date inserted in the	must be specific and	cannot be prior to	date of filing or	more than 90 day:	s after filing.) Pu	rsuant to 605 I not be list	3.0207 ed as
cument's effective date on t	ne Department of St	ate's records.					
cord specifies a delayed eff is filed.	ective date, but not a	in effective tim	e, at 12:01 a.m	. on the earlier	of: (b) The 90	0th day afte	r the
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	Signature of a m	ember or author	zed representation	ve of a member			
	-	//	•				
SERDAR BOZKU							

Filing Fee: \$25.00