

L19000076125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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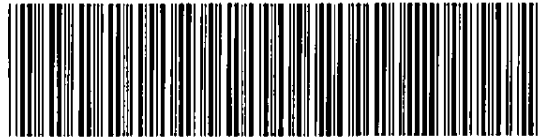
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
2024 JAN -3 PM 3:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPTAIN JACK BOAT TOURS 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:

GREG AUMENT
Name of Person

Firm/Company

P.O. Box 2251
Address

FT. LAUDERDALE, FL 33303
City/State and Zip Code

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

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

For further information concerning this matter, please call:

GREG AUMENT at (850) 324-4845
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPTAIN JACK BOAT TOURS 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 03/18/2019 and assigned Florida document number L19000076125

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1733 NE 5TH ST.
FT. LAUDERDALE, FL
33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 2251
FT. LAUDERDALE, FL
33303

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:

ALICIA SOCHA

New Registered Office Address:

848 BRICKELL AVE SUITE 302

Enter Florida street address

MIAMI

City

Florida

33131

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.

AMSO
If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: JUNE 23, 2023 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated DECEMBER 15, 2023


Signature of a member or authorized representative of a member

GREG AUMENT
Typed or printed name of signee

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>
AMBR	JOHN LAPLANTE	1401 SE 15 TH ST.	<input type="checkbox"/> Add
		APT 317	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change
MGR	GREG AUMENT	1733 NE 5 TH ST.	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL	<input type="checkbox"/> Remove
		33301	<input type="checkbox"/> Change
MGR	VINCENT PYLE	651 NE 19 TH AVE	<input checked="" type="checkbox"/> Add
		FT. LAUDERDALE, FL	<input type="checkbox"/> Remove
		33304	<input type="checkbox"/> Change
MGR	RONALD KIRSTEIN	1818 NE 48 TH C	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL	<input type="checkbox"/> Remove
		33064	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY'S OFFICE
FLORIDA DEPARTMENT OF
TRANSPORTATION