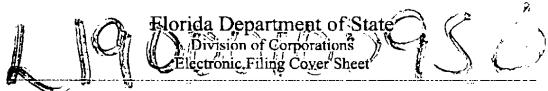
Division of Corporations



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## **COVER LETTER**

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SUBJECT		OON CRUISES & TOURS,	LLC		
SOLUTE	1,	Name of Lin	ited Liability Company		
		Amendment and fec(s) are sub			
		Cheyenne Moseley			
			Name of Person		
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## To: Page 4 of 6

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE MOON CRUISES & TO				
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	cords.)	
The Articles of Organization for this Limited L Florida document number L19000100950 This amendment is submitted to amend the following the control of the c	· · · · · · · · · · · · · · · · · · ·	were filed on 04/10/2019	and a	ssigned
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new mane must be distinguishable and end with the	words "Limited Lish	ility Company," the designation	"LIC" or the ubbreviation	"L.L.C."
Enter new principal offices address, if applic	able:	2201 Wilton Dr.		
(Principal office address MUST BE A STREE		Wilton Manors, FL 333	305	
				2015
Enter new mailing address, if applicable:		2201 Wiiton Dr.		APPA FI
(Mailing address MAY BE A POST OFFICE	BOX)	Wilton Manors, FL 333	<u> </u>	<u> </u>
				-P-0
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Vor registered of office address her Stuart Cassel	ffice address on our rec <u>e</u> :	cords, enter the name	e of the new
	2201 Wilton	Dr		
New Registered Office Address:	2201 (12101)	Enier Florida street o	address	
	Wilton Mano	rs	_, Florida 33305	
		City	Zip Coo	ie.
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the project the obligations of my position as registering filed to merely reflect a change in the property of the property	ver and complete sistered agent as registered office	e performance of my dutie provided for in Chapter address, Thereby confir	es, and I am familiar v 605, F.S. Or, if this do	with and ecument is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Name</u>	Address	Type of Action
		O Add
		Remove
	<del></del>	
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as follows:	
2201 Wilton Dr., Wi	Iton Manors, FL 33305
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