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TO: Registration Section Division of Corporation					
SUBJECT: <u>OCEA</u>	in Outlaw (Name of Limi	Charters, LCC ited Liability Company			
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Travis	Williamson Name of Person			
	Ocean	Outlaw, LLC Firm/Company		2019 JUN "UPES "ATT 55	
	242 50	US# Street			-r-
		Address		, <u> </u>	m (
	Pompan	o Beach, FC 3	3060	AM 10: 13	(25)
	travis. W.	o Blach K 3. City/State and Zip Code illiamson@bri. o be used for future annual report notific	nd.us		
For further information conc	·	·	.a(tOff)		
Lance W. Name of Po	illiamson erson	at (<u>954</u>) <u>410 - Area Code</u> Daytime	5689 Telephone Number		
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	

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

Ocean Outlaw C	harters, LLC
	pany as it now appears on our records.) Ed Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L19000133619}$.	ny were filed on $\frac{5/20/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DIS JUN - 6 AH DE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	41/2
New Registered Office Address:	N/ M Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:

If Changing Regisfered Agent, Signature of New 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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Flective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or	(ontional)	лм IO: 1 3	FILED

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Filing Fee: \$25.00