L19000182701

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COVER LETTER

SUBJECT: Southern Miss Charters, 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: Jack smith Name of Person Southern Miss Charters, LLC Firm/Company 6332 E. Bay Blvd.
Please return all correspondence concerning this matter to the following: Jack smith Name of Person
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Name of Person Southern Miss Charters, LLC Firm/Company 6332 E. Bay Blvd.
Southern Miss Charters, LLC Firm/Company 6332 E. Bay Blvd.
Firm/Company 6332 E. Bay Blvd.
6332 E. Bay Blvd.
Address
Gulf Breeze, Fl. 32563
City/State and Zip Code
jacktheboater@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Jack smith 626 484-9019 at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \{\text{additional copy is enclosed}\}\) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L19000182701	were filed on 07/16/2019	and assigned
This amendment is submitted to amend the following:		202
A. If amending name, enter the new name of the limited liab	oility company here:	海 三 竹
Southern Miss Charters of the EC, LLC		Section 1
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	
Enter new principal offices address, if applicable:	6332 E. Bay Blvd.	P P
(Principal office address MUST BE A STREET ADDRESS)	Gulf Breeze, FL. 32563	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	ess
		Torida
	City	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.

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>	Address	Type of Action
			□Add
		□Remove	
			Change
			□Add
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lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th data filed.	
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08/04/2020	to 605,0207 be listed as
ated 08/04/2020	iy after the
rated on the state of the state	
Signature of a member or authorized representative of a member	
Jack Smith	

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