# 119000229494

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900335944269

10/24/19--01008--0003 \*\*30.00

FILED

19 001 24 PM 10: 52

NOV 2º 2000 T SCHROEDER

## **COVER LETTER**

TO: Reg Div	istration Sec ision of Corp	ction porations	,	
cup mer.		ical Adventures, LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		William T. Sherwood		
		<u> </u>	Name of Person	
			Firm/Company	
		2555 W. Maryland Avenue	:	
			Address	
		Tampa, Florida 33629		
		willsherwood93@icloud.co	City/State and Zip Code	
		<del>-</del>	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca		
William T.	Sherwood		813 453-1195 at ()_	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 E	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A to Z Nautical Adventures, LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited I Florida document number L1900022984	Liability Compa	ny were filed on 7/29/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited li	ability company here:	
Sherwood Nautical Adventures, LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Same	
(Principal office address MUST BE A STRE		·	
Enter new mailing address, if applicable:		Same	···
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	~.	ere:	19 OCI 24
		Enter Florida street address	
		, Florida _	Zin Gode
		City	= "Zin Gode

### 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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		- 11,	Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
			Bemove)
			Change
			Add
			☐ Remove
			Change
			☐ Add
			Remove
			D Channe

				,	<del></del>
					<u>_</u>
1					
	<del></del>				
· · · · · · · · · · · · · · · · · · ·					<del></del>
··					
···					
	,				<del></del>
					- ; <del>-</del>
					5 7
Tective date, if other than the date on effective date is listed, the date must be speote: If the date inserted in this block do ocument's effective date on the Departm	ecific and cannot be prior to c les not meet the applicable	late of filing or more than e statutory filing requir	(optional 90 days after filin rements, this dat	g.) Pürsuant	л Ф 605.0207
e record specifies a delayed effe The 90th day after the record is		n effective time, a	at 12:01 a.m	. on the	earlier o
ated October 2/	. 2019				
/ 1/	(1)				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00