

L202000 25276

(Requestor's Name)

(Address):

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

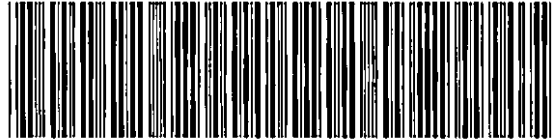
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name was approved in error.
A free Name Change was
Issued to fix problem.

8/27/21

Office Use Only



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FILED

2021 AUG 27 AM 6:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2021

ARNOLD R MARTIN
18NE 4TH AVE UNIT 1252
CRYSTAL RIVER, FL 34423

SUBJECT: CRYSTAL RIVER GUIDE SERVICES LLC
Ref. Number: L20000025276

2021 AUG 27 AM 6:34

This is to advise you that on January 17, 2020, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Matthew T Moon
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 021A00018540

2021 AUG 27 AM 10:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPT ARNOLD MARTIN CRYSTAL RIVER GUIDE SERVICES ^{LL}
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:

ARNOLD MARTIN
Name of Person
CAPT ARNOLD MARTIN CRYSTAL RIVER GUIDE SERVICES ^{LL}
Firm/Company
18 NE 4TH AVE UNIT # 1252
Address
CRYSTAL RIVER, FL 34423
City/State and Zip Code
CAPTARNOLDRMARTIN@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAPT ARNOLD MARTIN at (941) 713-7167
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

W/C

- | | | | |
|---|--|--|--|
| <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 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

2021 AUG 27 AM 6:34

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CRYSTAL RIVER GUIDE SERVICES

(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 JAN 17, 2020 and assigned
Florida document number L 200000025276

This amendment is submitted to amend the following:

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

CAPT ARNOLD MARTIN CRYSTAL RIVER GUIDE SERVICES LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME ADDRESS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

Arnold

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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.

Signature of a member or authorized representative of a member

FEB 25 1960