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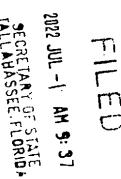
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## **COVER LETTER**

	s Yacht Cruises LLC	1 <b>96</b> 7	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	· · · ·
	ZenBusiness Inc.		
	<u></u>	Firm/Company	
	336 E College Ave, Ste 30	) 1	2022 JUL - SECRETAI TALLAHAS
		Address	TAN TAN
	Tallahassee, FL 32301		men ≱
		City/State and Zip Code	AM 9: 37 OF STATE E.FLORID
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jenny Countz		844 493-6249 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:	
Registration 9 Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	-
Tallahassee 1	DI 2021A	2415 M. Money	e Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Times Yacht Cruises LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>5.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 08/06/2020	and assigned
lorida document number 1.20000237960		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
partis LLC		
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
,,		- N
		9E 22
nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	S T
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		AA A
		SS SS
. If amending the registered agent and/or registered off	ice address on our records, <u>enter</u>	the name of the new registe
gent and/or the new registered office address here:		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	, Flo	orida
	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
			□Change
			ALCAU TO
			SSI
			F S D Change
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If amending any other inform	nation, enter change(s) here: (Attach ad	dditional sheets, if necessary.)	
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Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a	07 (3) as the
e record specifies a delayed effectord is filed.	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the	ie
Dated June 24	. 2022		
/s/ Troy Austin Sag	gracy JR		
- · · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized represen	tative of a member	

DIE BASSA