LIC CCC HAR CTT

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (1001000) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Bocument Namber) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| , , |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



600351879906

03/14/20--01018--012 **30.00

US 10 2120

COVER LETTER

TO: Registration Section

| Division of Cor | porations | | |
|---|--|--|--|
| | ME IMPROVEMENTS LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | JOHN CALLOW | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1140 NE TOWN TER | | |
| | | Address | |
| | JENSEN BEACH, FL 349 | 57 | |
| | | City/State and Zip Code | . |
| | JOHNMCALLOW@GMA | | |
| | E-mail address: (| to be used for future annual report notif | (ication) |
| For further information c | oncerning this matter, please c | all: | ↓ ✓ |
| JOHN CALLOW | | 516 2867777 at () | |
| Name o | f Person | | e Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee. I | Section forporations 7 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee. FL | porations allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J & A HOME IMPROVEMENTS LLC | | ande) | |
|---|--|------------------------------|--------|
| (A Florida Lim | ompany as it now appears on our rec ited Liability Company) | <u>.ui us.</u>) | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on $\frac{08/24/2020}{}$ | and ass | igned |
| Florida document number 1.20000261077 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| 3 SEAS CHARTERS LLC | | | |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "I | LLC" or the abbreviation "L. | lC." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | | |
| | _ | | |
| | | 5 | |
| Enter new mailing address, if applicable: | | | |
| | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | 10 | |
| B. If amending the registered agent and/or registered off | ion address on our records an | tor the name of the new | , regi |
| agent and/or the new registered office address here: | re address on our records, en | ter the name of the nev | regio |
| | | | |
| Name of New Registered Agent: | | | |
| N D 1 10% 111 | | | |
| New Registered Office Address: | Enter Florida street add | dress | - |
| | | Florida | |
| - | 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | ,□Change |
| | | | 5 |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |

| | | |
|---|--|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | ` | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ctive date, if other than the date of filing: | (optional) | |
| effective date is listed, the date must be specific and cannot be prior Et the date inserted in this block does not meet the application in the date inserted in the Department of State's records | to date of filing or more than 90 days after filing.) Pursuant able statutory filing requirements, this date will not be | to 605.02 be listed |
| ment's effective date on the bepartment of state's records | • | |
| ord specifies a delayed effective date, but not an effective t filed. | ime, at 12:01 a.m. on the earlier of: (b) The 90th day | y after th |
| SEPTEMBER 10 2020 | · | |
| | | |

Typed or printed name of signee