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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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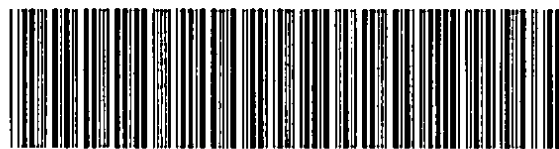
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2021 NOV 12 PM 14:17
SECRETARY OF STATE
TREASURY

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREEN EYES 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:

WILLIAM M BARNWELL

Name of Person

NAUTI NOMAD CHARTERS LLC

Firm/Company

1214 DUVAL ST APT 3

Address

KEY WEST FL 33040

City/State and Zip Code

W.M.BARNWELL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM M BARNWELL

770

608-5820

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

GREEN EYES CHARTERS LLC

2021 NOV 12 PM 4:17

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 3, 2021 12/14/20 and assigned Florida document number L20000390531.

This amendment is submitted to amend the following:

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

NAUTI NOMAD CHARTERS 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)

1214 DUVAL ST

APT 3

KEY WEST, FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1214 DUVAL ST

APT 3

KEY WEST, FL 33040

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: WILLIAM M BARNWELL

New Registered Office Address: 1214 DUVAL ST APT 3

Enter Florida street address

KEY WEST, Florida 33040

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 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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM M BARNWELL	1214 DUVAL ST	<input checked="" type="checkbox"/> Add
		APT 3	<input type="checkbox"/> Remove
		KEY WEST, FL 33040	<input type="checkbox"/> Change
AMBR	KEISTER, ALICE	5555 COLLEGE RD	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KEISTER, GREG	5555 COLLEGE RD	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Wmnel

Typed or printed name of signee