# L2100057115

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## **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT: Nil	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Anthony Perez
	Name of Person
	Nautic Churters LLE
	Firm/Company
	28651 GN 164th Ave
•	Address
	Homestrad to 22022
_	Himestrad to 33033  City/State and Zip Code  NAUHUSOLUTIONS 2(2) amail. Cum  E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
- Anthony	son at (305) SO4. 5567  Area Code Daytime Telephone Number
Name of Per	son Area Code Daytine Telephone Suinber
Enclosed is a check for the fo	llowing amount:
S25.00 Filing Fee E	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Nauric Charters LLC (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 \_and assigned Florida document number <u>L2166</u>0657715 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

### 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.

City

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>	Type of Action
MGR	Anthony Terez	286515W 164 AVE, F	timestad Xadd
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ocument's effective date					
record specifies a delayed	d effective date, but no	ot an effective time.	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
record specifies a delayed is filed.	d effective date, but no			earlier of: (b) The	90th day after the
record specifies a delayed Lis filed.	_	. 2021			1

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