If lorica Department of Stat. Division of Corporations Blectronic Wing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 Phone : (727)441-8966

Fax Number : (727)442-8470

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dbf & macfar. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLAS YACHT CHARTERS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ATLAS YACHT CHA | | |
|---|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Lia | y as it now appears on our record | <u>s.</u>) |
| | | |
| The Articles of Organization for this Limited Liability Company w | vere filed on April 28, 20 | 21 and assigned |
| Florida document number <u>L21000184546</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | ry company here; | |
| SKIPPER CHARTERS LLC | | |
| The new name must be disringuishable and contain the words "Limited Liability | y Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 20 2 |
| Principal office address MUST BE A STREET ADDRESS | | 7 |
| (Principal Office agaress most be a street applicable | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | (100 gr C) |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| , | | Ab of the new registers |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, enter | the name of the new telister or |
| agent andor the new registered office address here. | | |
| | | |
| Name of New Registered Agent: | | مديده فو منوجها شكاه المنظم ال الوي يناسيند وسنيساري |
| New Registered Office Address: | | |
| | Enter Florida street address | ı |
| | , Flo | orida |
| | City | Zip Cride |
| 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 fur | rther agree to comply with the |
| provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr | erjormance oj my aunes, an ovided for in Chapter 605. i | F.S. Or, if this document is |
| being filed to merely reflect a change in the registered office a | ddress, I hereby confirm the | at 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 |

| Title | Name | Address | Type of Action |
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| an effective date is | f other than the da s listed, the date must be | specific and cann | ot be prior to da | e of filing or more | than 90 days after | filing.) Pursuant to 60 | 5.0207 |
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| d is filed. | | | | representative of | | a w = | |

Filing Fee: \$25.00