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R. HUNT
09/08/23

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DATE: 09/08/2023

NAME: GOTCHA FISHING CHARTERS, L.L.C.

TYPE OF FILING: AMENDMENT

COST: 60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOTCHA FISHING CHARTERS, L.L.C.

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:

KERRY ANNE SCHULTZ

Name of Person

SCHULTZ LAW GROUP, P.L.L.C.

Firm/Company

2779 GULF BREEZE PARKWAY

Address

GULF BREEZE, FLORIDA 32563

City/State and Zip Code

KASCHULTZ@SCHULTZLAWGRP.COM

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

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

850 754-1600

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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GOTCHA FISHING CHARTERS, L.L.C.

If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF THE SUPREME COURT
DIVISION OF CORPORATIONS

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>
MBR	GIOVANINI, MARK A	9400 UNIVERSITY PKWY STE 309	<input type="checkbox"/> Add
		PENSACOLA, FLORIDA 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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UNITED STATES
DEPARTMENT OF JUSTICE
DIVISION OF CONSTITUTIONAL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be at least 30 days after the date of filing.)

(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)
 Note: If the date inserted in this block does not meet the applicable statute, the Commissioner will not accept the application.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dared

8112023

Signature of a member or authorized representative of a member

MALE A. Brachin.

Typed or printed name of signee

Filing Fee: \$25.00