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COVER LETTER

Registration Section Division of Corporations

TO:

Sarasota B	oat Tours, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	William A. Dooley		
		Name of Person	
	William A. Dooley, P.A.		
	- .	Firm/Company	
	2042 Bee Ridge Road		
		Address	
	Sarasota Florida 34239		2022 DEC FF274 —
	· · ·	City/State and Zip Code	
	kayakingsrq@gmail.com		. 53
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	:
William A. Dooley		941 556-7200	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 7	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarasota Boat Tours, LLC		
(Name of the Limited Liability (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on July 6, 2021 and assign	ıed
Florida document number L21000308499	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)	
	25.	
Enter new mailing address, if applicable:		
		
(Mailing address MAY BE A POST OFFICE BOX)		
	17	•
	office address on our records, enter the name of the new re	gistere
agent and/or the new registered office address here:	(C)	
Name of New Registered Agent:		
1 0 1 10 10 11		
New Registered Office Address:	Enter Florida street address	
	, Florida	

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>	Address	Type of Action
MGR	Orlando Cano	4415 Charing Cross Road	□ Add
		Sarasota FL 34241	■Remove
			□Change
MGR	Joshua Taylor	2460 Hillview Street	□ Add
		Sarasota FL 34239	■Remove
		-	□Change
			☐Add Remove 27
			□ Change □ [Ádd
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Tective date, if other than the date of filing: medictive 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 605.0 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed comment's effective date on the Department of State's records. The econd 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 date of the date of the policy of the state		
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Signature of a member or authorized representative of a member	1/1 [4 ()	 •
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Filing Fee: \$25.00