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COVER LETTER

TO:

	egistration Se ivision of Cor			
em irov		ci Cruises LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		c/o M. Brian Cheffer, Esq.		
			Name of Person	
		Cheffer & Hagan, P.A.		
			Firm/Company	
		2120 McGregor Boulevard	1	
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
M. Brian C	Theffer		239 334-1381 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
≡ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations	
	.O. Box 632 allahassee. I		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAN 23 AM 7: 44

Nautical Tiki Cruises 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 $\frac{9/30/21}{1}$ ___ and assigned 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 _. Florida City 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
AMBR Jonathan Joshua	Jonathan Joshua	3272 McGregor Boulevard	🗀 Add
		Fort Myers, FL 33901	■Remove
			
AMBR Christopher Joshua	Christopher Joshua	6074 Timberwood Cirlce # 318	
		Fort Myers, FL 33908	≣Remove
			□Change
			□Add
			□Remove
			□Remove
			□Change
			□Remove
		Change	
		□Add	
			□Remove
			□ Chunga

	
Effective date	e 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
If an effective dat Note: If the di	te 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 ite inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ective date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
I	2022
Dated	Cond Har
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
Dar	niel Hamilton
	Typed or printed name of signer

Filing Fee: \$25.00