## 121000475400

| (Re                     | questor's Name)                         |             |
|-------------------------|---|-------------|
|                         | · · · · · · · · · · · · · · · · · · ·   |             |
| (Ad                     | dress)                                  |             |
| (Ad                     | dress)                                  |             |
| <i>(</i> -1.0           | (a) |             |
| (Cit                    | y/State/Zip/Phone                       | e #)        |
| PICK-UP                 | WAIT                                    | MAIL        |
|                         |   |             |
| (Bu                     | siness Entity Nar                       | ne)         |
|                         | cument Number)                          |             |
| (50                     | cument (variber)                        |             |
| Certified Copies        | _ Certificates                          | s of Status |
|                         |   | ·           |
| Special Instructions to | Filing Officer:                         |             |
|                         |   |             |
|                         |   |             |
|                         |   |             |
|                         |   |             |
|                         |   |             |
|                         |   |             |

Office Use Only



400382672134

RECEIVED

MAR 2 8 2027

03/29/22--01005--029 \*\*55.00

22 MAR 28 AM 8: 23

T. MATTHEWS

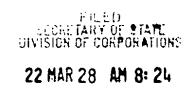
APR 12 2022

## **COVER LETTER**

|              | Registration Se<br>Division of Co |   | •   | •  |
|--------------|-----------------------------------|---|---|--|
| SUBJECT      |                                   | exury Charters LLC                                |   |  |
| SOBJEC       | ·                                 | Name of Lin                                       | nited Liability Company   |  |
| The enclos   | sed Articles of                   | Amendment and fee(s) are sub                      | omitted for filing.   |  |
| Please retu  | irn all correspo                  | ondence concerning this matter                    | to the following:   |  |
|              |                                   | Lauren L Alley                                    |   |  |
|              |                                   |   | Name of Person  | <del> </del>   |
|              |                                   | Skipper Luxury Charters I                         | LC  |  |
|              |                                   |   | Firm/Company  |  |
|              |                                   | 4231 COMMONS DR WE                                | EST, #3403  |  |
|              |                                   | <del></del>                                       | Address   |  |
|              |                                   | Destin, FL 32541                                  |   |  |
|              |                                   |   | City/State and Zip Code   | <del></del>  |
|              |                                   | laurenalley01@gmail.com                           |   |  |
| line freehau | information of                    | E-mail address: ( oncerning this matter, please c | to be used for future annual report notif                           | fication)  |
|              |                                   | oncerning this matter, please c                   | aii:  |  |
| Lauren I.    | Alley                             |   | 904 200-9401<br>at ( )  |  |
|              | Name o                            | f Person  | Area Code Daytime   | r Telephone Number   |
| Enclosed is  | s a check for th                  | ne following amount:                              |   |  |
| □ \$25.00    | ) Filing Fee                      | □ \$30.00 Filing Fee &<br>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) |
|              | lailing Addres<br>egistration S   |   | Street Address:   | tion   |
|              | ivision of C                      |   | Registration Section Division of Corporations                       |  |
| P            | O. Box 632                        | 7   | The Centre of T   | allahassee   |
| T            | allahassee, I                     | FL 32314  | 2415 N. Monroc  | Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Skipper Luxury Charters LLC   |   |                            |                        |
|---|---|----------------------------|------------------------|
| (Name of the Limi   | ted Liability Company as it now apper<br>(A Florida Limited Liability Company | ears on our records.)      |                        |
| The Articles of Organization for this Limited L   | • •   | November 02, 2021          | and assigned           |
| Florida document number L21000475400  | <u>.</u> .  |                            |                        |
| This amendment is submitted to amend the foll   | owing:  |                            |                        |
| A. If amending name, enter the new name o   | f the limited liability company   | <u>here</u> :              |                        |
| The new name must be distinguishable and contain the v                                  | words "Limited Liability Company." the  | e designation "LLC" or the | abbreviation "L.L.C."  |
| Enter new principal offices address, if applic  | eable:  |                            |                        |
| (Principal office address MUST BE A STREE   | ET ADDRESS)   |                            | <del></del>            |
|   |   |                            |                        |
| Enter new mailing address, if applicable:   |   |                            |                        |
| Mailing address MAY BE A POST OFFICE  | <u>BOX)</u>   |                            |                        |
|   |   |                            |                        |
| B. If amending the registered agent and/or agent and/or the new registered office addre | **  | records, enter the na      | me of the new register |
| Name of New Registered Agent:   | Terra Marie Boudreaux   |                            |                        |
| New Registered Office Address:  | Fator F   | lorida street address      | <del></del>            |
|   | Liner 1   |                            |                        |
|   | City  | , Florida _                | Zip Code               |

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.

zure Ba dran

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 Nicholas B Schoendorf | 50 Hidden Lakes        |               |                |
|                           |                        | Miramar Beach | ■ Remove       |
|                           |                        | Florida 32550 | ☐ Change       |
| MGR Terra Marie Boudreaux | 513 Adams St. Apt. 604 | ₩             |                |
|                           | Toledo                 |               |                |
|                           |                        | Ohio 43604    |                |
|                           |                        | □Add          |                |
|                           |                        | □Remove       |                |
|                           |                        |               | Change         |
| m <del>-</del>            |                        |               |                |
|                           |                        |               |                |
|                           |                        |               |                |
|                           |                        |               |                |
|                           |                        | Remove        |                |
|                           |                        |               |                |
|                           |                        | □Add          |                |
|                           |                        |               | Петюvе         |
|                           |                        |               | □Change        |

| Note:                     | five date, if other than the date of filing:    O1/24/2022   (optional)   |
|---------------------------|---|
| f the reco<br>record is f | rd 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 iled. |
| Dated                     | January 24 2022   |
| , yacco                   | James L aller   |
|                           | Signature of a member or authorized representative of a mortiber  Auren L Alle  |

Typed or printed name of signee