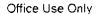
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Destin Escape Charters, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp		and assigned
Torida document number L21000481752		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Destin Escape Ventures, LLC		
he new name must be distinguishable and contain the words "Limited I	iability Company," the designation "I I C" or th	a obbresiesies 47 T C 11
	/ // == ==============================	
inter new principal offices address, if applicable:	7	2621 DE
Principal office address MUST BE A STREET ADDRESS	2) DE
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nter new mailing address, if applicable:		프 그렇
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX		<u> </u>
. If amending the registered agent and/or registered officeent and/or the new registered office address here:	ce address on our records, enter the n	ame of the new regis
continued of the new registered office subress nere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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.

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
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	if other than the d is listed, the date must be inserted in this bloc ctive date on the Dep		ue automicatore six	of filing or more than tutory filing require	(optional) 90 days after filing ements, this date)) Pursuant to 605.020 will not be listed a
ecord specific	s a delayed effective o	date, but not an ef	fective time, at	12:01 a.m. on the ea	arlier of: (b) Ti	ne 90th day after the
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