L21000481152

	(Requestor's Name)	-
	(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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INC. 236 E.

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

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	PICK U	JP: <u>03/02/2022</u>
]	CERTIFIED COPY	
x	РНОТОСОРУ	
]	CUS	
X	FILING	LLC AMENDMENT
-	Destin Escape Charters (CORPORATE NAME AND DOCUMEN	s, LLC NT#)
	(CORPORATE NAME AND DOCUMEN	NT #)
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RU	CTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Destill Escape Ventures, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000481752</u> .	were filed on December 16, 2021	8	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	pility company here:		
Destin Escape Charters, LLC			
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbrevia	tion "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	<u>(e</u> 5	3
Principal office address MUST BE A STREET ADDRESS)	<u></u>	<u> </u>	<u> </u>
		2:53	70
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nter new mailing address, if applicable:		SEGF	
Mailing address MAY BE A POST OFFICE BOX)		T 50	ਕੁ
		[7]	<u></u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of t	he new regist
Name of New Registered Agent:		·····	
New Registered Office Address:			
	Enter Florida street address		
	, Florid	a	
	City		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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amending any other	information, enter o	change(s) here: (Ai	tach additional she	ets, if necessary.)	
 				 	
					
					
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ffective date, if other an effective date is listed, fi lote: If the date inserted ocument's effective date	he date must be specific at I in this block does not	nd cannot be prior to date meet the applicable s	e of filing or more than s tatutory filing require	(optional) 0 days after filing.) Pursu aments, this date will n	ant to 605.020 ot be listed a
record specifies a delayed is filed.	ed effective date, but no	ot an effective time, a	t 12:01 a.m. on the e	edica of: (b) The 90th	day efter th
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