

K21CC0485238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

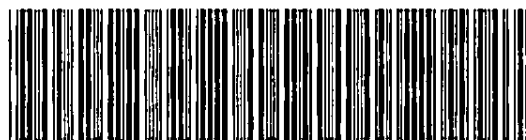
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2022 JAN -5 AM 8:02
SILVER SPRING
TALLAHASSEE, FL

3 PRUCE
JAN 03 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2021

DOUGLAS VANN
2844 OARS CREEK LOOP, APT 211
CAPE CORAL, FL 33909

SUBJECT: SEA OARS CHARTERS & TOURS, LLC.
Ref. Number: L21000485238

We have received your document for SEA OARS CHARTERS & TOURS, LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 921A00030179

2022 JAN -5 AM 8:02

921A00030179

COVER LETTER

TO: Registration Section
Division of Corporations

SEA OARS CHARTERS & TOURS, LLC.

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Vann

Name of Person

Sea Oars Charters & Tours, LLC

Firm/Company

2844 Yellow Creek Loop, Apt 211

Address

Cape Coral, FL 33909

City/State and Zip Code

seaoarscharters@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Vann

443

676-0284

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JAN -5 AM 8:02
RECEIVED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEA OARS CHARTERS & TOURS, 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 November 24, 2021 and assigned
Florida document number L21000485238.

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 "L.L.C."

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

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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	Douglas Vann	2844 Yellow Creek Loop, Apt 211	<input checked="" type="checkbox"/> Add
<i>Ambr</i>		Cape Coral, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kelly Dixon-Vann	2844 Yellow Creek Loop, Apt 211	<input type="checkbox"/> Add
		Cape Coral, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

2020 JAN 25 AM 10:02
STATE OF FLORIDA
TALLAHASSEE, FL

2022 JUN -5 AM 8:02
FALLS CHURCH

2022 JUN -5 AM 8:02
JALDC-01

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 24, 2021

Signature of a member or authorized

Typed or printed name of signee