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BECRETARY OF STATE

Y. SCOTT

COVER LETTER

Division of Co				
Badger Cl	narters LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The englosud Articles o	f Amendment and fee(s) are subt	nitted for filing		
	condence concerning this matter t			
Please return all correst	sondence concerning this matter i	to the following.		
	John Tritt			
		Name of Person		
	Badger Charters			
	<u> </u>	Firm/Company		202 SE
	3707 Pelican Lane		<u> </u>	CRE CRE
		Address		TILE JAN 24 PI RETARY OI
	Orlando, FL 32803		SSEE	TILED 2022 JAN 24 PM 3: 18 SECRETARY OF STATE
		City/State and Zip Code		STA:
	john.tritt47@gmail.com	to be used for future annual report notil		m ®
P. C. then in Commercian	r-mail address: (concerning this matter, please c		neationy	
	concerning this matter, picase of			
John Tritt		407 716-5343		
Name	; of Person	Area Code Daytim	e 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)	Certified (of Status &
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Badger Charters		
(Name of the Limited Liability Co	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on November	15, 2021 and assigned
lorida document number L21000491689		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Party On Yacht Charters LCC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022 SEC
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		7 2 7
Enter new mailing address, if applicable:		SSEE SSEE
(Mailing address MAY BE A POST OFFICE BOX)		
Maning duaress MAT BE AT OUT OF THE BONG		m 8
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strev	et address
	13.113	
	City	, Florida
	Oily.	• • •

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
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			DChange 2022 JAN 24 TALL NHAS
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ote: If the date inserted in this blocument's effective date on the Do	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory epartment of State's records.	filing requirements, this date w	all not be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The	90th day after th
ted	2022		
	10/95		
	<i>" 17-1 / /</i> '		
	Signature of a member or authorized represen	stative of a member	