## L22000009971

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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A. RIVERS

## **COVER LETTER**

TO:	<b>Registration Section</b>			
	<b>Division of Corporations</b>			

SUBJECT: <u>Captiva</u> <u>Private Charters LLC</u> 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:



For further information concerning this matter, please call:

Atvick Wine of Person at (N39) 247-2393 Area Code Davime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

ARTIC	LES OF A TC	AMENDMENT )	
ARTICL	ES OF O	RGANIZATION	
	OF	7	
<u>Captiva</u> Pri (Name of the Limited Lim	Vate ability Company prida Lumited Li	<u>vasit now appears on our records.</u> ) ability Company)	
The Articles of Organization for this Limited Liability	y Company v	vere filed on 01/04/2	<u>ってし</u> and assigned
Florida document number 1200000		i j	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	limited liabil	ity company here:	
PISBOARDS	- c	,	
The new name must be distinguishable and contain the words	Limited Liabilit	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 8200 NW	-11Start
(Principal office address MUST BE A STREET AI		Suite -2	
		Doral FL 3'	
Enter new mailing address, if applicable:		PO BOX	597
(Mailing address MAY BE A POST OFFICE BOX	)	•	
	-	<u>Captiva</u> , 1 <u>33924</u>	•
			2022
B. If amending the registered agent and/or regist		ddress on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address he	<u>re</u> :		
	NIA		
Name of New Registered Agent:	<u>'\  '\</u>	,	
New Registered Office Address:		17	<u>;;&gt;</u>
		Enter Florida street address	ားက မ
		, Flori	da Zip Code
			in some

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	<u>Type of Action</u>
	N/A		□ Add
			□Remove
			□Change
			🖸 Add
			🗇 Remove
		<u> </u>	□Change
			🗆 Add
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		·	□Change
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			Пспюче
		····	Change

D. 1	f amending any	other information.	enter change(s) here:	(Attach additional sheets.	if necessary.)
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N/A		 
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	, <u>,</u>	 
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If the record 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 record is filed.

Dated	April	12	. 2023		
		$\bigcirc$	TA -		
		bignature	of a member or authorized r	epresentative of a member	• ······
		PATRIC	CK B. TUR	VER.	