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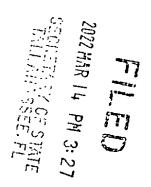
(Requestor's Name)
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Y. SCOTT MAR 2 7 2022

COVER LETTER

Registration Section

TO:

Division of Corp	orations				
B & S Endea	avors LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspor	ndence concerning this matter t	o the following:			
	Randon B. Cole				
		Name of Person			
		T: /0			
	9589 Beauclerc Cove Rd	Firm/Company	30ES	2022 F	
		Address		2022 HAR 14	******
	Jacksonville, FL 32257		77 70 70 70 70 70		1
	Cala Brad@unhan gam	City/State and Zip Code	E S	PH 3: 27	
	Colc_Brad@yahoo.com E-mail address: (to be used for future annual report not	ification)	27	
For further information co	oncerning this matter, please ca	all:			
Randon B. Cole		904 338-1804 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	f Status py	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co The Centre of	orporations		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & S Endeavors LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L22000060251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coastal Cajun Charters LLC 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Actio
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an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be prior		90 days after filing.) Pursuant to	
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ated March 8th	, 2022	 •		
18				
Si	nature of a member or author	orized representative of a men	mber	•
Randon B. Cole				
D. OOID				

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