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FILED 2022 HAY 31 PH 3: 19 SECRETARY OF STATE

COVER LETTER

Division of Corp	porations		
Emerald Co	ast Boat Tours LLC		
SUBJECT:	<u> </u>	<u> </u>	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	itted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Jesse Deese		
		Name of Person	
	Emerald Coast Boat Tours I	LLC	
		Firm/Company	
	5702 S Lagoon Dr		
		Address	
	Panama City, FL 32408		
		City/State and Zip Code	
	Jesse.deese@gmail.com		
	E-mail address: (t	o be used for future annual report notifica	ition)
For further information of	concerning this matter, please ca	ill:	
Jesse Deese		850 832-0153	
	of Person	at () Area Code Daytime T	elenhane Number
Name (or rerson	Atea Code 17ay time 1	elephane (Manael
Enclosed is a check for t	he 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)

TO: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 PM 3: 19

Emerald Coast Boat Tours LLC (Name of the Limited Liability Company as it now appears on our records TELIAMY FOR STATE AHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{05/02/2022}{-}$ and assigned Florida document number _ 1,22000206001 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 "LLC." 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.

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 Action
AMGR	Ellen 8 Pfeiffer	5702 S Lagoon Dr Panama City, FL 32408	=
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			□Change
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