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COVER LETTER

TO: Registration Se Division of Cor			
	et Charles , LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gavin Chappel		
		Name of Person	
	Key Connect Chartes , L	LC	
		Firm/Company	
	826 New York Ave		
		Address	
	Lynn Haven FL 32444		
		City/State and Zip Code	
	<u>capt</u> @oceanicexpeditionsp	to be used for future annual report notifi	oceanic expeditions pcb. com
For further information c	oncerning this matter, please c		
Gavin Chappel		727 8100219 at ()	SSEE S
Name o	f Person	Area Code Daytime	Telephone Number 3
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta	porations
Tallahassee, 1			Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key Connect Charlers, LLC		·	
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)
he Articles of Organization for this Limited I lorida document number 1.22000295499	iability Company	were filed on Nov 5, 2023	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
Oceanic Expeditions of Panama City Beach			
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	5904 E Hwy 98 Unit A	
Principal office address MUST BE A STREE		Panama City, FL 32404	
nter new mailing address, if applicable:		826 New York Ave	THE TANK THE
Mailing address MAY BE A POST OFFICE	BOX)	Lynn Haven Fl, 32444	3 F
s. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:	Gavin Chappel	l	
New Registered Office Address:	826 New York	Ave	
-		Enter Florida street a	ddress
	Lynn Haven		_, 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 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
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			□Remove
			□Change
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fective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	t be specific and c ock does not me	cannot be prio cet the appli	r to date of fil cable statute	ing or more th	an 90 days aft	t ional) er filing.) l nis date w	² ursuan rill not	t to 605.02 be listed
ecord specities a delayed effective is filed.	: date, but not a	an effective	time, at 12:0	I a.m. on the	e earlier of: ((h) The	90th da	ay after tl
ted June 12.		24						
U/J								