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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Mariner Fishing Charters LLC	
Nan	me of Limited Liability Company
The enclosed Articles of Amendment and fee(s	3) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
ks	sel Stanley
	Name of Person
mar	iner One, LLC Firm/Company
	Firm/Company
2	408 Mariner Dr.
	Address
\.	10ther I 32477
	city/State and Zip Code
50	address: (to be used for future annual report notification)
E-mail	address: (to be used for future annual report flotification)
For further information concerning this matter,	, please call:
Rugal Stanlau	4na Tin-1600
Kyssel Stanley Name of Person	at ( <u>408</u> ) <u>710 - (G00</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing F	Tee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of S	Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mariner Fishing Charters LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 07/21/22	_ and assigned
Florida document number L22000324616		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Mariner One, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		: 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>ن</u>
	· ·	<del>J</del> i
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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
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fective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department.	eific and cannot be priores not meet the application	cable statutory	g or more than 90 c y filing requireme	(optional) lays after filing.) ents, this date	) Pursuant to 605,020 will not be listed a
ecord specifies a delayed effective date, is filed.	but not an effective t	time, at 12:01	a.m. on the earli	er of: (b) The	e 90th day after th
ited August 1	2024				
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Signati	ureof a member or auti	horized represen	ntative of a membe	г	