## L22000409553

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Flight Risk Fishing Charters, U.C.  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:		
Michael Adkins Name of Person	-	
Firm/Company	_	
4905 Valdine Ave	2023 MAR	
Cocoo, FL 32926 City/State and Zip Code	MAR 10	€22 
Captain nike adkins a gnail con E-mail address: (to be used for future sanual report notification)	AH 8:	) : ((a)
For further information concerning this matter, please call:	17E	
Michael Adkins at (321) 431, 6933  Name of Person Area Code Daytime Telephone Number	r	

Enclosed is a check for the following amount:

S25.00 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 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**

The Articles of Organization for this Limited Liabili	ity Company	were filed on $\frac{9}{20}$	12027	• aı	nd assig	gned
Florida document number <u>L220004095</u>	<u>553</u> .	•	•			
This amendment is submitted to amend the followin	ıg:					
A. If amending name, enter the new name of the	limited liabi	lity company here:				
The new name must be distinguishable and contain the words						
The new name must be distinguishable and contain the words	"Limited Liabili	ity Company," the designation	"LLC" or the	: abbreviat	ion "L.L	.C."
Enter new principal offices address, if applicable		nja			20/3 HAR	
(Principal office address MUST BE A STREET A	DDRESS)			<del></del>	===	<u> </u>
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Enter new mailing address, if applicable:		n/a		<u> </u>	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX	<u>V)</u>			<u> </u>	_ <b>ਿ∽</b> —	
				וייו	9	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on our records. <u>s</u>	enter the na	ame of th	i <u>e new</u>	<u>registered</u>
Name of New Registered Agent:	Nichae	el Adluns				
New Registered Office Address:	1905 /	Jadine Ave Enter Florida street	ıddress			
(	) ocoa		, Florida ,	329	<i>و</i> ا2	
-		Сиу		Zip	Code	
New Registered Agent's Signature, if changing Regis	stered 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
mgr	Danielle Adluns	4905 Valdine Ave.	
		Cocoa, FL 32926	<b>X</b> Remove
			☐ Change
			LAdd
			□Remove
			☐ Change
			Remove To See To
· <del></del>			
			□Remove
			□ Change
			UAdd
			□Remove
			□ Change
			∐Add
			∃Remove
			□Change

Effective date, if other than the date of filing:    20   20   2022	$\underline{n}a\underline{}$						<del></del>
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Signature of a member or authorized representative of a member	Midal	Signature of a my	ember of authorized repu	esentative of a memb	er ·	·	
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Michael Adkins Typed or printed name of signce	Michael	_			(F	) -	. <del>.</del> .

Filing Fee: \$25.00