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COVER LETTER

TO:	Registration Se Division of Cou		ų.		ì
		ne Charters LLC	•••		•
SUBJE	-				
SCIS			nited Liability Company		202
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		2023 JUL -5 PH
Please	return all correspo	ondence concerning this matter	to the following:		P
		Kim Marie Walsh			3: 42
			Name of Person		
		Salty Marine Charters LLC			
			Firm/Company		
		852 Garden Glen Loop			
			Address		.
		Lake Mary, FL 32746			
		saltymarinecharters@gmail	City/State and Zip Code .com		
		E-mail address: (to be used for future annual rep	port notification)	
For fun	ther information c	oncerning this matter, please c	all:		
Kim M	arie Walsh		407 718-8	8887	
Name of Person		at ()	Daytime Telepho	N. t.	
	Name o	of Person	Area Code	Daytime Telepho	one Number
Enclose	ed is a check for th	he following amount:			
\$2 :	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$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

Salty Marine Charters LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/25/2023}{}$ _ and assigned 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 City

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 Changing Registered Agent, Signature of New Registered Agent

1

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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	James Robert Walsh	852 Garden Glen Loop	
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		Lake Mary, Florida 32746	
			Remove
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an effective date is listed, the date lote: If the date inserted in thi	the date of filing: must be specific and cannot be prior to date of s block does not meet the applicable state a Department of State's records.	filing or more than 90 days after filing.) Purs	
record specifies a delayed effe is filed.	ctive date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90t	h day after th
June 29	2023		
ated	1. // 0.0		
11/1 /1/1	Signature of a member or authorized rep		