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Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations		
SEA CHA	RTERS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The anglesed Articles of	Amendment and fee(s) are sul-	amittad for filing	
		•	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL YATES		
		Name of Person	1
	SEA CHARTERS, LLC		
	·	Firm/Company	
	7005 SHRIMP ROAD		
		Address	
	KEY WEST, FL 33040		
	MICHAEL@SEACORP.U	City/State and Zip Code S	·
	E-mail address; (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
MICHAEL YATES		512 412-1739	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	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)
Mailing Addres Registration S		Street Address: Registration S	iection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEA CHARTERS, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/05/2024}{}$ and assigned
Horida document number 1.24000139335	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7005 SHRIMP ROAD
Principal office address MUST BE A STREET ADDRESS)	KEY WEST, FL 33040
	·
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SEACORP OF THE US INCORPC	7005 SHRIMP ROAD, KEY WEST, FL 33040	■Add
			□Remove
			□Change
AMBR	MICHAEL YATES	7005 SRIMP ROAD, KEY WEST, FL 33040	■Add
		-	□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
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			□Add
			□Remove
			Change

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	e date, if other than the date of filing: (optional)
effect t <u>e:</u> If	e date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord : s filed	
s filed	
s filed	/25/2024
s filed	W- Wate
s filed	Signature of a member or authorized representative of a member