P17000032088

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"(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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Amend ccis

MAR 1 6 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TORTUGA SAILI	NG ADVENTURES, INC
DOCUMENT NUMBER: P17000032088	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
CINDY LOU THOR	
	Name of Contact Person
TORTUGA SAILING ADVI	ENTURES, INC
	Firm/ Company
7025 SHRIMP RD, STE I	
	Address
KEY WEST, FLORIDA 330	40
	City/ State and Zip Code
RESERVATIONS@TORTUGASA	AILINGADVENTURES.COM
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	
CINDY LOU THOR	at (305) 292-1217
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2018

CINDY LOU THOR TORTUGA SAILING ADVENTURES, INC P.O. BOX 2376 KEY WEST, FL 33045

SUBJECT: TORTUGA SAILING ADVENTURES, INC

Ref. Number: P17000032088

We have received your document for TORTUGA SAILING ADVENTURES, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 218A00000449





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2017

CINDY LOU THOR TORTUGA SAILING ADVENTURES, INC. P.O. BOX 2376 KEY WEST, FL 33045

SUBJECT: TORTUGA SAILING ADVENTURES, INC

Ref. Number: P17000032088

We have received your document for TORTUGA SAILING ADVENTURES, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

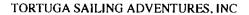
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 517A00024368



Articles of Amendment to **Articles of Incorporation** of



All States of the state of the

(<u>Name of</u>	Corporation as currentl	<u>y filed with the Florida</u>	Dept. of State)	` <i>&</i>
P17000032088			T.	
	(Document Number of	f Corporation (if known)	•	Tay -
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporat	ion adopts the following amenda	nent(s) to
A. If amending name, enter the new nar	ne of the corporation:			
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "	Co". A professional co	The ne accorporated" or the abbreviation propration name must contain the	on
B. Enter new principal office address, if (Principal office address MUST BE A ST.				•
,				
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		PO BOX 2376		-
		KEY WEST, FL 330	45	-
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent			e name of the	-
Traine of New Registered Return	-			
-	(Florida str. 7025 SHRIMP RD, STE 1.	,	33040	
New Registered Office Address: '		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if characteristics of the supposition of the suppositio			ations of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

· Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PS	Cindy Lou Thor	PO Box 2376
Add			Key West, Fl 33045
Remove			
2) Change	VPT	Frank Roy Super	PO Box 2376
X Add		•	Key West, Fl 33045
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	•		
Add			
Remove			
C) CI			
6)Change			
Add _			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
IRS ASSIGNED EIN NUMBER 82-35000590 EFFECTIVE 01/01/2018	
	•••
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
ARTICLE IV - REDUCE NUMBER OF SHARES FROM 2000 TO 100 TOTAL SHARES.	
SHARES ARE DISTRIBUTED BETWEEN THE TWO OFFICERS WITH 51 SHARES ASSIGNED TO CINDY	/ I OU
THOR AND 49 SHARES ASSIGNED TO FRANK ROY SUPER	
•	

The date of each amendmen date this document was signed		, if other than the
-	 - 01/01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
11/29 Dated Signature	1/2017	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other composited fiduciary by that fiduciary)	rt
	CINDY LOU THOR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	