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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Busiless Littly Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

	tion Section of Corpor			
	uld like to	change the name of my exi	isting PonTiki LLC to CharBern LLC	С
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Artic	eles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all co	rresponde	nce concerning this matter	to the following:	
		Thomas D'Alessandro Jr		
			Name of Person	
		PonTiki LLC		
	•		Firm/Company	
		19291 West Indies Lane		
			Address	
		Jupiter Fl 33469		
	•		City/State and Zip Code	
	t	om@pontiki.org		
		E-mail address: (to be used for future annual report notifi	cation)
For further informa	ation conce	erning this matter, please co	all:	
Thomas D'Alessan	ndro Jr		at () 722-9416 Area Code Daytime	Telephone Number
4	Name of Per	rson	Area Code Daytime	Telephone Number
Enclosed is a check	k for the fo	ollowing amount:		
■ \$25.00 Filing F	Fee [330.00 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

· v. .

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PonTiki LLC		
(Name of the Limited	d Liability Company as it now appears on or A Florida Limited Liability Company)	r records.)
the Articles of Organization for this Limited Liablorida document number	bility Company were filed on 11/17/20	and assigned
his amendment is submitted to amend the follow	wing:	
. If amending name, enter the new name of t	the limited liability company here:	
CharBern LLC		
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	
 If amending the registered agent and/or egistered agent and/or the new registered offi 		17 SEE ALL
Name of New Registered Agent:		AUG 3 AHASS
New Registered Office Address:		SEX
	Enter Florida stre	et address Florida P
	City	Pip Gde

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date if other than the	date of filing:		_ (optional)	
ective date, if other than the a effective date is listed, the date must	be specific and cannot be prior to o	date of filing or more than 90	days after filing.) Pursuant to 6	05.02
te: If the date inserted in this blo		e statutory filing requirem	ents, this date will not be li	sted
cument's effective date on the De	partment of State's records.			
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record specifies a delayed he 90th day after the reco		in errective time, at 1	12:01 a.m. on the ear	ııer
the both day area the real	,, a 13 mea.			
August 24	2017			
ted		. 0 0		
		ed representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00