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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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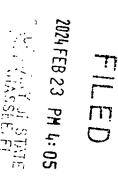
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE		Charter, LLC e of Limited Liability Company
The end	closed Articles of Amendment and fee(s)	are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
		Name of Person  Son Law Firm
		Firm/Campany
	2500	N. Military Trail Suite 240
	Boc	Address
	Jamie	City/State and Zip Code  Tamical Sasson lawfirm. Con  Idress: (to be used for future annual report notification)
For fur	ther information concerning this matter, p	please call:
	<del>_</del>	au 561, 246 - 50-85
	Name of Person	at ( <u>S61</u> ) <u>246 - S0 - 85</u> Area Code Daytime Telephone Number
Englosi	ed is a check for the following amount:	
\	5.00 Filing Fee	
.*	Mailing Address:	Street Address: Registration Section
í	Registration Section Division of Corporations	Division of Corporations
{	P.O. Box 6327	The Centre of Taliahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&R Charter, L	110	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LZ3000 5 53</u> 95	y were filed on <u>12   </u> O	-15 - 23 and assigned
Florida document number <u>L23000 5 53 9 50</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:		
NA	-	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)	and assigned ament number	
		23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	City	Zip Code

## 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

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>	Address	Type of Action
MGR VP	Augusta Regio	3201 NE 183rd 5t.	\\JAdd
	Barros	Address  3201 NE 183rd 5t.  Apt 2307  Aventura, FL 33160	□Remove
			□Change
-			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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			Change

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Filing Fee: \$25.00