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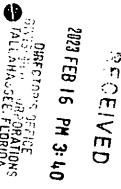
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| (Do | cument Number) | |
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| red Copies | Certificates o | of Status |
| ા ગાંચી Instructions to Filin | ng Officer: | |
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Office Use Only



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QWIK COURIER

850-284-4584

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON GOVER LETTER PLEASE USE NAME ON THE REQUEST.

PLEASE-PUT-INFOUR-BOX-WHEN-COMPLETED

| customer Jodi Ronen | _ |
|---------------------------|----|
| company: AMANZI Charters, | UC |
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| | |

COVER LETTER

TO: Registration Section

Division of Corporations

| AMANZI SUBJECT: | CHARTERS, LLC | | |
|------------------------------|--|---|--|
| | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| | ondence concerning this matter | | |
| | JODI RONEN | • | |
| | 10 | Name of Person | |
| | JG CONSULTING SERV | ICES, LLC | |
| | | Firm/Company | |
| | 5481 WILES RD STE 502 | ! | |
| | | Address | |
| | COCONUT CREEK, FL | 33073 | |
| | | City/State and Zip Code | |
| | JODI@ACCU-TAX.TAX | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information of | oncerning this matter, please c | all: | |
| JODI RONEN | | 954 449-9709 at () | |
| Name o | f Person | | re Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ S25.00 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 Address Registration | | <u>Street Address:</u> Registration Se | ection |
| Division of C | Corporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Monro | Fallahassee oe Street, Suite 810 |
| rananassee, | L L マムノ1マ | Z410 IV. IVIOHIC | Je Bureet, Buile 610 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

102 FEB 16 D

AMANZI 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 Florida document number <u>L19000176110</u> | were filed on <u>07/08/2019</u> | 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 Liabi | lity Company," the designation "LLC" or the abbi- | eviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 124 ISLE OF VENICE DR | | | |
| (Principal office address MUST BE A STREET ADDRESS) | FORT LAUDERDALE | | | |
| | FL 33301 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 124 ISLE OF VENICE FORT LAUDERDALE | | | |
| | FL 33301 | | | |
| is. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter the name</u> | of the new registered | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | Florida | | | |
| | 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 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 | JUSTIN RODRIGUEZ | 124 ISLE OF VENICE DR | ≘Add |
| | | FORT LAUDERDALE, FL 33301 | □Remove |
| | | | □ Change |
| MGR | BARON CARRUTHERS | 3041 SW 26TH CT | □Add |
| | | FORT LAUDERDALE, FL 33312 | ■ Remove |
| | | | □ Change |
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| fective date, if other than th | an data of fillians | | (| |
| on effective date is listed, the date of the the date inserted in this cument's effective date on the | oust be specific and cannot be prioblock does not meet the application. | cable statutory filing re | (optional) than 90 days after filing.) Pure | suant to 605,0207 not be listed as |
| ocard emporition a dolared affect | ive date, but not an effective t | time, at 12:01 a.m. on t | he earlier of: (b) The 90 | th day after the |
| is filed. | | | | |
| is filed. 02/15 ited | . 2023 | · | | |
| is filed. 02/15 ited | CL. | · | | |
| is filed. | | norized representative of a | a member | |

Filing Fee: \$25.00