## L00000013721



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Office Use Only

## **COVER LETTER**

Division of Corp	orations			
J& A Charte SUBJECT:	rs, LLC			
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	John Oughton IV			
		Name of Person	41	
	J&A Charters, LLC			
	<del></del>	Firm/Company		
	143 Palermo Drive			
		Address		
	Islamorada, Fl 33036			
City/State and Zip Code				
	prettyworkcharters@gmail.c	com to be used for future annual report notif		
			ication)	
For further information co	ncerning this matter, please ca	AII:		
John Oughton IV		305 481-6527 at ()		
Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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** 

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&A Charters, LLC  (Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L00000013721	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	266 Bougainvillea St
(Principal office address MUST BE A STREET ADDRESS)	Tavernier, Fl 33070
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	266 Bougainvillea St
Transfer war war was a second and a second a	Tavernier, Fl 33070
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new regis
New Registered Office Address:	<del></del>
	Enter Florida street address
<del></del>	Florida  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
eby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with

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.

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

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	MAXWELL, ANDREA L	143 Palermo Drive, Islamorada, FL 33036	□Add
			Remove
			□ Change
			□Add
			Remove
			DChange
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

Typed or printed name of signee