# L08000045438

| (Requestor's Name)                      |                   |                                       |
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| (Ad                                     | dress)            | ·                                     |
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|   |                   |                                       |
| (Address)                               |                   |                                       |
|   |                   |                                       |
| (Cit                                    | y/State/Zip/Phone | #)                                    |
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| PICK-UP                                 | ☐ WAIT            | MAIL                                  |
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|   |                   |                                       |
| (Bu                                     | siness Entity Nam | ne)                                   |
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| (D-                                     |                   |                                       |
| (L)C                                    | ocument Number)   |                                       |
|   |                   |                                       |
| Certified Copies                        | _ Certificates    | of Status                             |
|   |                   |                                       |
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| Special Instructions to Filing Officer: |                   |                                       |
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2000 OCT 30 PH 2: 03

OCT 3 1 2008 EXAMINER

### **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Charten Funding LCC (Name of Limited Liability Company)   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.                                  |
| Please return all correspondence concerning this matter to the following:                                |
| ADI GAC (Name of Person)   |
| Charlon Funding LCC (Firm/Company)   |
| 3901_S- Oceandr #8p  |
| Hully word FC 33019 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| A U i Cal at (30S) 409. 1305 (Name of Person)  at (30S) 409. 1305 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)                    |

TO:

**Registration Section** 

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 OCT 30 PM 2: 03

SECHETARY OF STATE
TALLAHASSEE, FLORIDA

| (Name of the Limited I   | Liability Compar  | ny as-it now appears on our records.) iability Company)       |
|--|-------------------|---|
|  | ability Company   | were filed on May Le, OT and assigned                         |
| This amendment is submitted to amend the follow  | wing:             |   |
| A. If amending name, enter the new name of   | the limited liabi | ility company here:   |
| The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applica  (Principal office address MUST BE A STREET) | ble:              | 14 8 P  Itoly wood FC 33019                                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B   | <u>80X)</u>       | 3901-5. Ocean dr<br># 8p<br>Hollywood FC 33019                |
| B. If amending the registered agent and/or registered agent and/or the new registered off  |                   | fice address on our records, <u>enter the name of the new</u> |
| Name of New Registered Agent:  New Registered Office Address:  | AC 3401           | S. OCEAN J.Y #80 (Enter Florida street address)               |
|  | Holl              | (City), Florida 330 L7 (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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> ☐ Add Remove 🗂 Add Remove Add Remove ☐ Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00