

# 

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A. LUNT
<b>-</b> -
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EXAMINER
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## **COVER LETTER**

TO: / Registration S Division of Co					
SUBJECT:	ightline Char Name of Limi	Hrs LLC.			
The enclosed Articles of	f Amendment and fee(s) are sub	bmitted for filing.			
Please return all corresp	ondence concerning this matter		;		
	John	Wiley Name of Person			
		,, ,, ,	1		
	485	Firm/Company  Basswood Rd.  Address  Gint Jot FL  City/State and Zip Code  74@ Hotmail. Code  to be used for future annual report notificated.	TALLA	2011 N	(Mangyage
	Port 5	City/State and Zip Code	32456 HASSEE	07 14 1	
	WILEY) E-mail address: (	74@ HOTMAIL · Corto be used for future annual report notifica	tion)	မှ	
For further information	concerning this matter, please o	call:	Ď.	5	
John Name		at ( <u>850</u> ) <u>227 - 87</u> Area Code & Daytime 1		_	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of Certified Copy (additional co	Status & y	osed)

### 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

Tightline Ch	arters, LLC.				
(Name of the Limited Liability) (A Florid	lity Company as it now appear la Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Florida document number 4080000582	Company were filed on	6/12/2008	and assigned		
			:		
This amendment is submitted to amend the following:	: .	, · · ·			
A. If amending name, enter the new name of the li	mited liability company here				
The new name must be distinguishable and end with the v 'L.L.C."	words "Limited Liability Compa	ny," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable:		<b>3</b>	<b>21</b>		
Principal office address MUST BE A STREET ADd	DRESS)	i- { ≥	<del>§ 11</del>		
		HAS	>		
		Sign Control			
Enter new mailing address, if applicable:		m			
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	0R			
			1 6		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ur records, enter the	e name of the new		
Name of New Registered Agent:					
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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action Title Address** <u>Name</u> MGRM Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October Signature of a member or authorized representative of a member John Wiley

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00