(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 10-13-17

	WALK IN
ENTITY NAME_	FLORIDA CHARTERS LLC
_	
DOCUMENT NU	IMBER (Damaysi CC)
	PLEASE FILE THE ATTACHED AND RETURN
XX	Plain Copy
	Certified Copy
	Certificate of Status
	***PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	
	APOSTILLE' / NOTARIAL CERTIFICATION
	COUNTRY OF DESTINATION
	COUNTY OF BESTIMATION

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA CHARTERS, LLC		
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 08/24/2012	and assigned
Florida document number L12000109428	··············	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Florida Charters II, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL) PECC)	
(Francipul Office dudress most be A STREET ADE	7.(1.03)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	gistered office address on our records, ente	r the name of Re new
registered agent and/or the new registered office ad	ldress here:	3 - 1 - 1 - 4 - 10 - 1 - 12 -4
		ψ. · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		<u> </u>
		5. 8
New Registered Office Address:	Enter Florida street address	
	Back I to me on you want to	O
	, Florida _	Zin Code
	t my	ZID COW

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
		-	□ Add
		+	☐ Remove
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fective date, if other than the	date of filing:	(onti	onal)
in effective date is listed, the date mus ote: If the date inserted in this blo	be specific and cannot be prior to da	te of filing or more than 90 days after	r filing.) Pursuant to 605 0207/
cument's effective date on the De	partment of State's records.	g	9
record specifies a delayed	offostivo data, but not an	officiative time of 13,01	an the sention of
The 90th day after the reco	ord is filed.	enective time, at 12.01	a.m. on the earner or
ted October 12	2017		
ted			
W Gr	Nex Signature of a member or authorized		
	Samstans at a mombar or authorized	representative of a member	

Page 3 of 3

Filing Fee: \$25.00