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. (Re	equestor's Name)	
- (Ad	idress)	
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COVER LETTER

Division of C		
Charter C	OC Orlando LLC	
50b)t.(.1.	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Arnaud Sitbon	
	Name of Person	
	ESJ Capital Partners, LLC	
	Firm/Company	
	19950 W. Country Club Drive, Suite 800	
	Address	
	Aventura, Fl. 33180	
	City/State and Zip Code	
	as@esj.us	
	E-mail address; (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Arnaud Sitbon	305 600-5001 at ()	
Name	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status	itus &

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

Charter OC Orlando LLC			
(Name of the Lim	ited Liability Compar (A Florida Limited L	iv as it now appears on our rec iability Company)	cords.)
The Articles of Organization for this Limited leads of Organization for the O		were filed on January 8, 20	and assigned
This amendment is submitted to amend the fol	llowing:		
a. If amending name, enter the new name	of the limited liahi	lity company here:	
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
inter new principal offices address, if appli	icable:		~ ~~
<u> Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>		<u> </u>
			The state of
			20° (*)
Inter new mailing address, if applicable:			2 PT
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			9 . 2
3. If amending the registered agent and egistered agent and/or the new registered of		;	ords, <u>enter the name of the</u>
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	19950 W. Count	<u> </u>	
		Enter Florida street ad	
	Aventura		, Florida 33180
		Сиу	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 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

Title	Name	<u>Address</u>	Type of Action
MGR	MG3 Fund, LLC	1915 Harrison Street	Add
		Hollywood, FL 33020	□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			23-□ A88
			The state of the s
			Change

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ote: If the date inserted in this blocument's effective date on the D	d effective date, but not an effective time, at 12	nts, this date will not be listed as
	ora is mea.	
The 90th day after the rec	2018	
The 90th day after the rec		-^ 25
The 90th day after the rec	2018	A ()
The 90th day after the rec		2 P
The 90th day after the rec	Signature of a member or authorized representative of a member	23
The 90th day after the rec	2018	2 P

Filing Fee: \$25.00