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NOV 12 2019 S. YOUNG

COVER LETTER

10: Registration Sec Division of Corp	
SUBJECT:	Tekeze Charters LLC Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	idence concerning this matter to the following:
	Harris Katz
	Name of Person
	Firm/Company
	S810 COW RUSE DIVE, SULL 250 Address Coral Springs of 33076 City/State and Zip Code
	City/State and Zip Code NE-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Harris Ka	Person at (954) 461 -7555 Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number ______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action			
			Remove			
			Change			
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Effective	e date, if other than	the date of filing:			_ (optional) lays after filing.) Pursuant	
Note: If	ive date is listed, the dat the date inserted in that's t's effective date on t	iis block does not me	et the applicable stat	filing or more than 90 c utory filing requireme	lays after filing.) Pursuant ents, this date will not b	to 605.0207 (3 e listed as the
	rd specifies a dela Oth day after the		te, but not an ef	fective time, at 1	$2:01$ a.m. on the ϵ	earlier of:
Dated	10/19/19					
		,				
			X	resentative of a membe		

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Typed or printed name of signee

Filing Fee: \$25.00