# L14000127483

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
	WAIT	
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	·
	Office Use Or	hly



10/04/21--01027--001 \*+25.00

•



## **COVER LETTER**

#### TO: Registration Section Division of Corporations

Charter Manager, LLC

SUBJECT: \_\_\_\_

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:

Scott Meyer

Name of Person

Charter Manager, LEC

Firm/Company

18319 Temple Ave

Address

Port Charlotte, FL 33948

City/State and Zip Code

meyer18319@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Charter Manager, LLC		
( <u>Name of the Limi</u>	ted Liability Comp: (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited L Florida document number <u>1.14000127483</u>		were filed on August 13, 2014 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, <u>enter the new name o</u>	<u>f the limited liab</u>	ility company here:
The new name must be distinguishable and contain the s	vords "Limited Liabi	lity Company," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18319 Temple Ave
		Port Charlotte, FL 33948
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18319 Temple Ave
		Port Charlotte, FL 33948
B. If amending the registered agent and/or r agent and/or the new registered office addre	registered office : <u>ss here</u> :	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Scott Meyer	
New Registered Office Address:	18319 Temple	
		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

Port Charlotte

If Changing Registered Agent, Signature of New Registered Agent

\_\_. Florida <u>33948</u> Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

### MGR = Manager AMBR = Authorized Member

.

Title	Name	Address	Type of Action
mgrm	Evans, Margaret R	13030 Lakehurst Ct	🖸 Add
		Ft Myers, FL 33913	Remove
Mgrm 	Scott Meyer	18319 Temple Ave	<b>■</b> Add
		Port Charlotte, FL 33948	🗆 Remove
			EiChange
			🗆 Add
			🗆 Remove
			Change
···-		·	🗆 Add
			[]Rishove
			□Change
			<u>تب</u> مراجع
			: O Remove
			Change
			🗋 Add
			🗆 Remove
			ElChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	······································
	· · · · · · · · · · · · · · · · · · ·
······	
· · · · · · · · · · · · · · · · · · ·	

÷

. .

E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not he listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 01	2021	
Sast	Signature of a member of authorized representative of a member	
Scott Meyer		

Typed or printed name of signee