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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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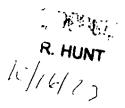
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| TO: Registration Solution of Con | | • | · | 4 p |
|--------------------------------------|---|--|---|--------------------------|
| | R MANAGER, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | |
| | William B. Smith Jr. | | | |
| | | Name of Person | | |
| | Charter Manager, LLC | | | |
| | | Firm/Company | | |
| | 4751 Jim Walter Blvd. | | | 5 |
| | · · | Address | | 2023 |
| | Tampa, Florida 33607 | | | 01 15 OCT 16 |
| | 20.25 20 10 10 | City/State and Zip Code | | - ර ලදී |
| | will@willsmithaviation.con E-mail address: (| n to be used for future annual report notifies | ation) | PH 12 |
| For further information of | concerning this matter, please ca | nll: | | EN DE ARCHO PM 12: 40 |
| William B. Smith Jr. | | 813 482-3440 | | . |
| Name o | of Person | at () Area Code Daytime T | Celephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er | tus & |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Secti | on | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 | | | |
|--|---|--|-------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited | iny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited L | iability Company | were filed on 8/13/2014 | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | |
| The new name must be distinguishable and contain the v | 1 812 2 412 12 | The second secon | the theory and the first |
| the new name must be distinguishable and contain the v | vords "Limited Liabi | | ine appreviation (L.E.C. |
| Enter new principal offices address, if applicable: | | 4751 Jim Walter Blvd. | |
| Principal office address MUST BE A STREE | ET ADDRESS) | Tampa, Florida 33607 | |
| | | | 023 C |
| Enter new mailing address, if applicable: | | 4751 Jim Walter Blvd. | 0)VIS OH OF CO 2023 OCT 16 |
| (Mailing address MAY BE A POST OFFICE BOX) | | Tampa, Florida 33607 | P - 3 |
| | | | 412 |
| B. If amending the registered agent and/or i agent and/or the new registered office addre | | address on our records, enter the | name of the new registered |
| Name of New Registered Agent: | William B. Sm | ith Jr. | |
| New Registered Office Address: | 4751 Jim Walt | er Blvd. | |
| | · · · · · · | Enter Florida street address | |
| | Tampa | 1202.3 | 33607 |

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 Registèred 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------|-------------------------------|------------------|
| MGRM | Scott Meyer | 18319 TEMPLE AVE | |
| | | Port Charlotte, Florida 33948 | ■Remove |
| | | | □Change |
| MGR | William B. Smith Jr. | 4751 Jim Walter Blvd. | ≣Add |
| | | Tampa, Florida 33607 | □Remove |
| | | | □ Change |
| MGR | Jeffrey Parker | 4751 Jim Walter Blvd. | = Add |
| | | Tampa, Florida 33607 | □Remove |
| | | | □ Change |
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| Note: 1 | e date, if other than the date of filing: | i to 605,0207 (3 |
| f the record ecord is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date. | iy after the |
| Dated _ | Detober 12 2023 | |
| | / 17 / / | |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00