15000054/69

(Requestor's	Name)
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
,	
(City/State/Zi	n/Phone #\
(Oity/State/2)	pri none #j
PICK-UP W	AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
•	•
Certified Copies Ce	rtificates of Status
Certified Copies Ce	runcates of Status
Special Instructions to Filing Off	cer:

Office Use Only



500294985295

02/13/17--01033--005 **25.00

IN FEB 13 P 3 48.4

S Warren FEB 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All American Charters LLC 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:
JUSTIN LOFATO Name of Person
All American Charters LLC Firm/Company
1010 WEST BETTY AJE Address
TAMPA FI 33603 City/State and Zip Code (a) Drive Tin (a) Flatlamery and harters. (com
Captius Tin @ Flallamerican Charlers, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 406 - 9722 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTI	CLES OF C	DRGANIZATION	The same
·	C	F	
All AMERICA (Name of the Limite)	n Cha	ony as it now appears on our records Liability Company)	SSECTION TO THE SECTION TO THE SECTI
		1 1	7(1) 274
The Articles of Organization for this Limited Lia	bility Company	were filed on $3/1/20$	and assigned
Florida document number <u>L 1 5 0000 5 4</u>	1169	/ /	Mary Th. 4
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	hle·	1010 WEST 8	BEDEV AUF
(Principal office address MUST BE A STREET		1010 WEST &	33603
Trincipul office unuress MOST BE A STREET	ADDRESS)	-1-/T1/11/1-y	
Enter new mailing address, if applicable:		IDIO INEST B	ECTY AUF
(Mailing address MAY BE A POST OFFICE B	eox)	1010 WEST B TAMPA, FL	33/03
maning datess MAT DE ATOST GITRE B	<u>077</u>	17741P1.	<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered off			, enter the name of the nev
Name of New Registered Agent:	MIC	chele Kenn	e/
New Registered Office Address:	_/153	2 W C/BVIEL Enter Florida street address	DDr.
	Homos	ASSA , Flo	wide 34448
	1011100	City, Fio	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 Resistered 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 = Au	thorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	ARTHUR WILE	8534 N. SARAZEN Dr	
		8534 N. SARAZEN Dr Citrus Springs Fl 34434	Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			🗖 Change
			□ Add
		THE PART OF THE PA	Remove
			Remove
		÷. ,	□ Change

_	
_	
_	
_	
-	
_	
-	
_	
_	
ecti n effe	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
te:	
te: :um	
te: um rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
rec	90th day after the record is filed.
rec	
rec	90th day after the record is filed. Kebruary 9 th, 2017. Inthia Web 12 12 12 12 12 12 12 12 12 12 12 12 12
rec	90th day after the record is filed. Kebruary 9 ** April 1997 ** Signature of a member or authorized representative of a member of a membe
te: cumo rec The	90th day after the record is filed. February 9 ** ** Signature of a member or authorized representative of a member ** **Signature of a member or authorized representative of a member ** **Signature of a member or authorized representative of a member ** **The state of the

Filing Fee: \$25.00