L15000137682

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp		44	
SUBJI	ECT:	Local Organ Name of Limit	ic Solutions, led Liability Company	LLC
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		Luke	. Cunningham Name of Person	
		Local C	Organic Solution Firm/Company	ons, LLC
		1813 Marine	Address	50
		Tarpon Sprin		
		E-mail address: (to	55452 @ (smail.	otification)
For fu	ther information co	ncerning this matter, please ca	В:	
	Luke Cur Name of	ningham Person	at (121) 65 Area Code Days	56-8000 time Telephone Number
Enclos	ed is a check for the	e following amount:		
□ \$ 2	5,00 Filing Fee	Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

Local Organic	2010410N2 LCC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L15000137682</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company hare:
Day Oream Charters, LLC The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same
Principal office address MUST BE A STREET ADDRESS)	
177100000000000000000000000000000000000	
Enter new mailing address, if applicable:	Same
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	:
Name of Name Desirational Assess	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	gaer parad server wares
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
	no to get in this congests. I further games to comply with the
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete;	
accept the obligations of my position as registered agent as p	provided for in Chapter 605, F.S. Oz, 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.	02
	25 - M
	- Π Δ Ο
If Chan	D-1-1-1 A-1-4 Ci
	ging 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:

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•				
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MGR = Mana	ger `			
171 (314 172(6446)	5~			
ARADD A AL				
AMRR = Auth	arizea Member			

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		Add
			Remove
			Change
	******		□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
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		***************************************	CJ Add
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•	ding any other information, enter change(s) here: (Attach additional sheets,		5 9	
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fectiv	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de	_ (option	i ai) ling \Pur	eugant to 605 N
ote: I	If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 13 points day after the record is filed.	2:01 a.ı	m. on t	the earlier
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	Signature of a member or authorized representative of a member	35	_	(Interdependent
	Signature of a member or authorized representative of a member	SSEEL FO	A V	Jane 1-10-1

Page 3 of 3

Filing Fee: \$25.00