# L15000 198064

| (Re                     | equestor's Name)   | ·               |  |  |
|-------------------------|--------------------|-----------------|--|--|
| (Address)               |                    |                 |  |  |
| (Ad                     | ldress)            |                 |  |  |
| (Cit                    | ty/State/Zip/Phone | <del>∍</del> #) |  |  |
| PICK-UP                 | WAIT               | MAIL            |  |  |
| (Business Entity Name)  |                    |                 |  |  |
| (Document Number)       |                    |                 |  |  |
| Certified Copies        | _ Certificates     | s of Status     |  |  |
| Special Instructions to | Filing Officer:    |                 |  |  |
|                         |                    | :               |  |  |
|                         |                    |                 |  |  |
|                         |                    |                 |  |  |

Office Use Only



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06/20/16--01004--026 \*\*30.00



JUN 21 2016 S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corpo  |   |                                  |  |
|---|---|----------------------------------|--|
| SUBJECT:  |   |                                  | 110                                    |
| Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    GIL GORDON     Name of Person |   |                                  |  |
| Please return all correspond  | ence concerning this matter t                 | to the following:                |  |
|   | <u>G1</u>                                     | L GORD<br>Name of Person         | ON                                     |
|   |   |                                  |  |
|   |   | Firm/Company                     | <b>3</b> 13.                           |
|   | 465 00  | EAN DR                           | # 1108                                 |
|   | 1   | Address                          |  |
|   | MIAMI   | BEACH,                           | FL 33139                               |
|   | BILLSFO                                       | MGILQE                           |  |
| 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:    CORDON     Name of Person    | ication)                                      |                                  |  |
| For further information con-  | cerning this matter, please ca                | dl:                              | _                                      |
|   | <u> </u>                                      | at (917) 53<br>Area Code Daytime | 2-5252<br>Telephone Number             |
|   |   |                                  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:    GIL GORDON     Name of Person                                  |   |                                  |  |
| □ \$25.00 Filing Fee  | \$30.00 Filing Fee &<br>Certificate of Status | Certified Copy                   | Certificate of Status & Certified Copy |

#### 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

## TO ARTICLES OF ORGANIZATION **OF**

| NO WA  | RE ZONE LLC  |
|--|--|
| ·  | Liability Company as it now appears on our records.) Florida Limited Liability Company)            |
| The Articles of Organization for this Limited Liabi<br>Florida document number <u>L1500019</u> | ility Company were filed on 11/24/15 and assigned 18064  |
| This amendment is submitted to amend the following   | ing:   |
| A. If amending name, enter the new name of the $GALENE$  | e limited liability company here:  CHARTERS LLC  |
| The new name must be distinguishable and contain the words                                     | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                  |
| Enter new principal offices address, if applicable   | le:  |
| (Principal office address MUST BE A STREET A   | ADDRESS)   |
| Enter new mailing address, if applicable:  | - 16:<br>B 2007<br>Heli  |
| (Mailing address MAY BE A POST OFFICE BO   | <u> </u>   |
| B. If amending the registered agent and/or registered agent and/or the new registered office   | registered office address on our records, <u>enter the name of the new</u> <u>e address here</u> : |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
| _  | , Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Regi   | istered 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 Registered Agent

### or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address     | Type of Action          |
|--------------|-------------|-------------|-------------------------|
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| To July 20 Antill 09   |                                  |
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| 17 July 20 MH 11: 09   |                                  |
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| 16 July 20 AH II: 09   |                                  |
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|  | Č                                |
| Effective date, if other than the date of filing:  (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 605.020 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. | d as th                          |
| r ·  |                                  |
| Dated  |                                  |
| Signature of a member or authorized representative of a member   |                                  |
| 51L GOZOON  Typed or printed name of signee  |                                  |

Page 3 of 3

Filing Fee: \$25.00