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(R	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Demare 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:						
Name of Person						
Aprel Services Corp.						
4611 S. Uneversity Drive, Suite 219 Address						
Davie, FL 33338 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
April Services at (754) 312-5730 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	harters LLC ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L15 000207849</u> .	were filed on 12-14-2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Demore RK LLC The new name must be distinguishable and contain the words "Limited Liability".	·	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	amend the following: enew name of the limited liability company here: ACC RK LLC and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." ress, if applicable: BEA STREET ADDRESS) pplicable: ST OFFICE BOX) d agent and/or registered office address on our records, enter the name of the new pregistered office address here: d Agent: Address:	
Enter new mailing address, if applicable:		18 OCT +
(Mailing address MAY BE A POST OFFICE BOX)		- 22
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		er the name of the new
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Inter Florida street address	-
	, Florida	
	City	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 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>	Address	Type of Action
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If an effective dat Note: If the date	te is listed, the date ate inserted in th	iis block does not	ing:		more than 90 da		.) Pursuant to 60	
		ayed effective record is filed	e date, but not d.	an effective	time, at 12	2:01 a.m.	on the earli	er of:
Dated <u>S</u>	eptembe	sc 27	. 2019					
		Signature of	a member or autho	rized representati	ve of a member			
		Ω	1 /					

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