L16000037693

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JUL 23 2019

COVER LETTER

TO: Registration Sec Division of Corp			
The Edge CI	narters LLC		
SUDJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of £	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Michael Caringi		
		Name of Person	<u>-</u>
	The E≢ge Charters		
		Firm/Company	
	3211 SE Saint Lucie Blvd		
		Address	
	Stuart, FL 34997		
	Mike€pumpcatalog.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information ed	oncerning this matter, please ca	all:	
Michael Caringi	·	732 539-0176 at ()	
Name of	Person	at ()	l'elephone Number
Enclosed is a check for th	e following amount:		
⊠ \$25.00 Filing Fee □	\$30.00 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

The Edge Charters LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as It now appears on our records Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Company	y were filed on 2/23/16	and assigned
Florida document number L16000037693		
This amendment is submitted to amend the following:		
1. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
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		%
B. If amending the registered agent and/or registered		, enter the name of the
registered agent and/or the new registered office address he	<u>:re</u> :	
		4
Name of New Registered Agent:		:•
New Registered Office Address:		-
	Enter Florida street address	;
	, Flo	orida
	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 Changing 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jennifer Caringi	3211 SE Saint Lucie Blvd	□ Add
		Stuart, FL 34997	LJ Add
			■ Remove
			Add
			_□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Clunge
			Add
			Remove
			☐ Change

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an effective date is listed, the date inscribed in the date inscribed in the date inscribed in the date in the dat	than the date of filing: ne date must be specific and cannot be prior to I in this block does not meet the applicable on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursua le statutory filing requirements, this date will no	m to 605 0207 t be listed as
e record specifies a The 90th day after	delayed effective date, but not a the record is filed.	an effective time, at 12:01 a.m. on the	e earlier of
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Typed or printed name of signee

Filing Fee: \$25.00