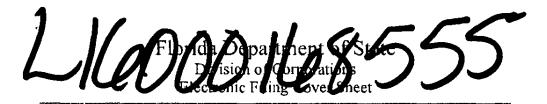
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000258790 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : 120010000062

Fax Number

: (323)962-8600 : (323)962-3889

**Enter the email address for this business entity to be used (for annual report mailings. Enter only one email address please

51 m = 1 1	Address:	
rmall	Address:	:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFISHONAL CHARTERS, LLC

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COVER LETTER

Division of Cor				
PROFISH	ONAL CHARTERS, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fcc(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N. Brand Blvd., 11t	h Floor	N.	
		Address		
	Glendale, CA 91203			
		City/State and Zip Code	**************************************	
	captdompalermo@gmail.			
	E-mail address: (to be used for future annual report n	 {	
For further information co	oncerning this matter, please or	ol1;	2018	
Cheyenne Moseley		800 773-0888	2016 0CT	
Name of			ime Telaphone Number 6000	
Enclosed is a check for th	e following amount:		$ abla \phi$	
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy tacclased)	

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

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PROFISHONAL CHARTERS, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number L16000168555	ility Company were filed on 9/12/2016	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Profishional Charters, LLC		
The new teams must be distinguishable and end with the work	ds "Limited Liability Company," the designation "LLC" or the	ahhreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	2X1	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	Ethe name of the ne
Name of New Registered Agent:		SSE
New Registered Office Address:	Enter Florida street address	
	Enter Piorna Errei audiess , Florida	
-	City	⊃: ·Zip Co≱v

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			C Remove
			□ Add
			□ Remove
			D Add
			☐ Remove
			TALLARIA TO
			2 Remove
			PRIDA
			□ Remove
			□ Add
			□ Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Elfective date, if other than the date of filing: (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 9, 2016

Signature of anticipter or authorized representative of a member Dominisck Palermo, Jr.

Typed or printed name of signed

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Filing Fee: \$25.00