# 117000099738

Office Use Only



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SECRETARY OF STATE
TALL AHASSEE F. STATE

J. HARRIS

# **COVER LETTER**

TO: Registration Sect Division of Corpo	
-	Charters LLC
	Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Thomas L. Greene
	Name of Person
	Firm/Company
	4401 Meadowwood Way
	Address
	Tampa, FL 33618
	Tanga FL 33618 Hgreenend @g mail.com
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Thomas	L Greene at (813) 495-5762  Person Area Code Daytime Telephone Number
Name of	Person Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2017

THOMAS L GREENE 4401 MEADOWWOOD WAY TAMPA, FL 33618

SUBJECT: BG CHARTERS LLC Ref. Number: L17000099738

We have received your document for BG CHARTERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 3 IS MISSING.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00009873

CHITARICS PRIZ: BE.

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TALLAHASSEE FI ORING

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>L1700099738</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	r the abbreviation "L.L.C."		
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	BEDRE AN 2		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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)			
The Articles of Organization for this Limited Liability Company were filed on			
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	32 N C		
Enter new mailing address, if applicable:	32 N C		
	(A) (A)		
(Mailing address MAY BE A POST OFFICE BOX)	mg z m		
	<u></u>		
registered agent and/or the new registered office address here:	enter the name of the ne		
Nattle of New Registered Agent.			
	Enter Florida street address		
, Flor	da		
	Zip Code		

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
4mBR	Thomas L Greene	Tampa FL 33618	
		Tampa PL 33618	₹ Remove
			Change
			D Add
			Remove
			Change
			Add
			□ Remove
			Change
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			□ Remove
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If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessa	ary.)	
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(If an effect Note: 1: document the reco	e date, if other than the date of filing:	ing.) Pursuant to 605 ate will not be list	ed as
Dated_	05/12/2017 Deurselhun		
.—	Dungelling	SI SI	}
	Signature of a member or authorized representative of a member	AH AH	
	Byce R. Greene Typed or printed name of signee	MAY 23 DRETARY AHASS	
	J Typed or printed name of signee	E CF	?
		21.5 11.5 11.5 11.5 11.5 11.5 11.5 11.5	

Filing Fee: \$25.00