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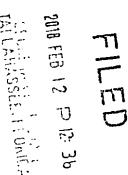
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D. SCOTT FEB 1 3 2018

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Capt Geral	d J Orlandini's Charter Services	s, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Gerald Joseph Orlandini II		
		Name of Person	
	Capt Gerald J Orlandini's G	Charter Services, LLC	
		Firm/Company	
	826 Entrada Dr N		
		Address	
	Fort Myers, FL 33919		2018
	jerryorlandini@hotmail.com	City/State and Zip Code	ication)
	- ,	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	alł:	cation) 2 P
Gerald Joseph Orlandini	П	239 707-2714 at ()	P 7 3
Name o	f Person		Telephone Number
Enclosed is a check for t	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Capt Gerald J Orlandini's Charter		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L18000025322		and assigned
This amendment is submitted to amend the fol	lowing:	
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 design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- POW	
Mutting dauress MAT BE A FOST OFFICE		
B. If amending the registered agent and registered agent and/or the new registered of		r records, enter the name of the
		2 m
Name of New Registered Agent:	Gerald Joseph Orlandini II	
New Registered Office Address:	Enter Florida s	<u> </u>
		PL
	City	, Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			Change
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			Change
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			Add
			□ Remove
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			□ Add
			☐ Remove

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	6 0 M
Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	an 90 days after filing:) Pursuant to 605.0207
the record specifies a delayed effective date, but not an effective time,) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated Febuary 5th 2018	
Herald Jack Ob II Signature of a member or authorized representative of a n	nember
Gerald Joseph Orlandini II	

Page 3 of 3

Filing Fee: \$25.00