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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SET 20 2018

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Atlantic Charter & Refit, 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: |
| Nathan Winter Name of Person |
| Atlantic Charter & Refit, LCC |
| 2236 Basalt drive East |
| Jacksonville, Florida 32246 City/State and Zip Code |
| NS (old 79 @ Yahoo-com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (904) 994-1175 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee \& \Certificate of Status \& \Certificate of S |

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**

| Atlantic Charter & R (Name of the Limited Liability Companion (A Florida Limited L | efit LLC iv as it now appears on our records.) iability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on $\frac{5/15/2018}{}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Pater see mailing address if annihilation | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 25 |
| | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of the new</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter 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 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 Type of Action Title Name Address MGR Nathan Winter 2236 BASALT dr. E. JAX FL 32246 Add _□ Remove _ Change _D Add □ Remove ☐ Change __ Remove □ Change D'Add > ☐ Remove ___ Change □ Add □ Remove ☐ Change _□ Add _□ Remove

__ Change

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| ective date, if other than the da | ate of filing: | (option | nal) |
| n effective date is listed, the date must be te: If the date inserted in this block | k does not meet the applicable stat | if filing or more than 90 days after fi tutory filing requirements, this c | ling.) Pursuant to 605,020 late will not be listed a |
| cument's effective date on the Depa | irtment of State's records. | | |
| record specifies a delayed e | effective date, but not an e | ffective time, at 12:01 a. | m. on the earlier o |
| The 90th day after the recor | d is filed. | | |
| ned <u>September 17th</u> | 2018 | | |
| 7 | 0/11 | | |
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Page 3 of 3

Filing Fee: \$25.00