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COVER LETTER

Division of Co		
A COURS	SE MADE GOOD CHARTERS LLC	
	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	MARSHA SIHA	
	Name of Person	
	INCFILE.COM LLC	
	Firm/Company	
	17350 STATE HWY 249 STE 220	
	Address	 _
	HOUSTON, TX 77064	
•	City/State and Zip Code	
	EFILE1234@INCFILE.COM	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
MARSHA SIHA	888 462-3453	
Name o	of Person Area Code Daytime Telephone N	lumber
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

A COURSE MADE GOOD CHARTERS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L18000133756
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 "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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address = 5
Florida - Florida
City G ≥ Zip Code New Registered Agent's Signature, if changing Registered Agent: O :
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

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Courtney Fassbender	96163 Dowling Drive	
		Yulee, FL 32097	Remove
			☐ Change
			□ Add
,		-	Remove
			☐ Change
-			Add
			Remove
			Change
			Remove
			☐ Change
			Remove
			Change
····			
			□ Remove
			5 0

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