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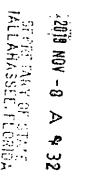
Office Use Only





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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey B. Pohlig		
		Name of Person	
	Charter Research, LLC		
		Firm/Company	
	757 County Road 466		
	-	Address	
	Lady Lake, FL 32159		
	****	City/State and Zip Code	
	Jeff.Pohlig@CharterResear		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please co	ali:	
Jeffrey B. Pohlig		407 949-7029 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	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

MAILING ADDRESS:

TO:

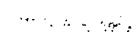
Registration Section

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**



CHARTER RESEARCH, LLC

pany as it now appears on our records.) Liability Company)		
2015 NOV −8 A \$ 32		
y were filed on SEPTEMBER 10, 2018 and assigned		
IALLAHASSEE, FLORIDA		
bility company here:		
oility Company," the designation "LLC" or the abbreviation "L.L.C."		
757 COUNTY ROAD 466		
DRESS) LADY LAKE, FL 32159		
757 COUNTY ROAD 466		
LADY LAKE, FL 32159		
office address on our records, enter the name of the re:		
<u>rc</u> .		
Enter Florida street address		
Enter Florida street address , Florida		

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jeffrey Bruce Pohlig	7907 Lake Waunatta Drive Winter Park, FL 32792	■ Add
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		<u> </u>	Add
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blocument's effective date on the Decument	ock does not meet the appli	cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to irements, this date will not be	605.0207 listed as
record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the ea	arlier of
November 04	2019			
Sla	this	_		
	Signature of a member or auth	horized representative of a m	ember	-

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00