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COVER LETTER

TO:

TO: Registration So Division of Cor			
5 CHAR	LIE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SEAN HODSON		
		Name of Person	
		Firm/Company	
	500 OSCEOLA DRIVE		
		Address	
	DESTIN, FL 32541		<u></u>
		City/State and Zip Code	
	SEANATUF@GMAIL.CO	M to be used for future annual report not	(Foutan)
For further information c	oncerning this matter, please co	·	Treation,
SEAN HODSON		850 832-6399 at ()	
Name o	f Person	Area Code Daytin	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co.	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 CHARLIE, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany us it now appears on our record Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compar	iy were filed on 3/13/2019	and assigned
lorida document number L19000074706		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ibility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		£25
		<u> </u>
		· ·
nter new mailing address, if applicable:		
·		5.
Mailing address MAY BE A POST OFFICE BOX)		

. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>ente</u>	r the name of the new regis
New Registered Office Address:	Enter Florida street addre	USS
	, F	lorida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEAN HODSON	500 OSCEOLA DRIVE	□Add
		DESTIN, FL 32541	= Remove
			□Change
MGR HODSON HOLDINGS, LLC	HODSON HOLDINGS, LLC	500 OSCEOLA DRIVE	= Add
	DESTIN, FL 32541	□Remove	
			☐Change
		□Add	
			□Remove
		□Change	
		□Remove	
		☐ Change	
		□Add	
		□ Remove	
		☐Change	
		□Add	
			Remove
			Change

. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	6/26/24
Note:	tive date, if other than the date of filing: 6/26/24 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	06/27/2024
	Signature of a member or authorized representative of a member
	SEAN HODSON
	SEAN HODSON Typed or printed name of signee

Filing Fee: \$25.00