L19 CCC 252804

| (Requestor's Name) | |
|---|---------------|
| (Address) | 900359840 |
| (Address) | 300000 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 02/15/2101013 |
| (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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COVER LETTER

| то: | | stration Section of Corp | | | |
|-----------------------|----------|--------------------------|--|--|--|
| SUBJEC | | VIRTUAL (| CONCEALED CARRY LLC | | |
| SUBJEC | C1; _ | | Name of Lim | nited Liability Company | |
| The encl | losed . | Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn a | all correspoi | ndence concerning this matter | to the following: | |
| | | | TIMOTHY J BIBLE JR | | |
| | | | | Name of Person | |
| | | | VIRTUAL CONCEALED | CARRY LLC | |
| | | | , | Firm/Company | |
| | | | 7235 KAYLOR AVE | | |
| | | | | Address | |
| | | | COCOA/FL/32927 | | |
| | | | | City/State and Zip Code | |
| | | | TBIBLECG@GMAIL.COM | | |
| | | | E-mail address: (| (to be used for future annual report notification) | _ |
| For furth | er inf | ormation co | oncerning this matter, please c | all: | |
| TIMOTI | НҮ Л | BIBLE JR | | 352 535-5494 at () | |
| | | Name of | Person | Area Code Daytime Telephone Nu | mber |
| Enclosed | l is a c | check for the | e following amount: | | |
| ■ \$25 . | 00 Fil | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certi (additional copy is enclosed) Certi | 00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed) |
| | | ng Address | | Street Address: | |
| | | stration S sion of Co | ection orporations | Registration Section Division of Corporations | |
| | | Box 6327 | | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | L 32314 | 2415 N. Monroe Street, Suit | te 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VIRTUAL CONCEALED CARR | | 2021 FEB 15 AM 7: 52 |
|--|---|--|
| (Name of the Lim | ited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) |
| The Articles of Organization for this Limited I Florida document number L19000252804 | Liability Compar | ny were filed on 08OCTOBER2019 4 and assigned |
| This amendment is submitted to amend the fol | llowing: | |
| A. If amending name, enter the new name | of the limited lia | ability company here: |
| CHARTERING SOLUTIONS LLC | | |
| The new name must be distinguishable and contain the | words "Limited Lia | ibility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | N/A |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | N/A |
| Mailing address MAY BE A POST OFFICE | E BOX) | |
| | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | e address on our records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | N/A | |
| | | 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 <u>Title</u> Name | <u>Address</u> Type of Action 2021 FEB 15 AK 7:52 _____ □Remove _____ □ Add _____ □Remove ______ 🗆 Add _____ □Change ∴ □Add _____ □ Remove _____ □Change ______ Remove _____ Change ______ □Add _____ □Remove

_____ □Change

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| rective date, if other than the date of filing: N/A (optional) (optional) | N/A | ·• i |
|--|--|---|
| Signature of a member or authorized representative of a member N/A | | 2021 FEB 15 AM 7:50 |
| iective date, if other than the date of filing: (optional) | | 1. 7. 52 |
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