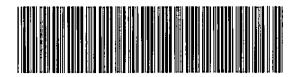
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## **COVER LETTER**

	egistration Se ivision of Cor			
SHD IECT		RHUMB CHARTERS LLC		
SUBJECT	;	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
		JOHN E DUCKRO JR		
			Name of Person	
BORN TO RHUMB CHARTERS LLC  Firm/Company				
			Firm/Company	
		8685 HOMEPLACE DRIV	/E	
			Address	
		JACKSONVILLE, FL 322	56	
		***************************************	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
JOHN E. D	UCKRO, JR.		904 904-864-3899	•
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	he following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Sec	tion
D	ivision of C	orporations	Division of Corp	
P.O. Box 6327		.7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORN TO RHUMB CHARTERS LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records. ability Company)	)	
The Articles of Organization for this Limited Liability Company were filed on 11/23/2020		and assigned	
lorida document number L20000369116			
this amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabil	ity company here:		
DUCKRO DEVELOPMENT LLC			
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		15 <b>20</b>	
Principal office address MUST BE A STREET ADDRESS)		<b>3</b>	
		7 T	
		12 1888	
Inter new mailing address, if applicable:		PMIZ:	
		<u> </u>	
Waiting address MAT BE A POST OF FICE BOX)			
		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, <u>enter t</u>	>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = 1$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this becoment's effective date on the D	st be specific and cannot be prior to date of filir lock does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	05.0207 (3) isted as the
record specifies a delayed effective is filed.	ve date, but not an effective time, at 12:01	1 a.m. on the earlier of: (b) The 90th day at	fter the
ated MARCH 22	2021		
	(Min Yann)		
	Signature of a member or authorized represe		

Filing Fee: \$25.00