L21000095345

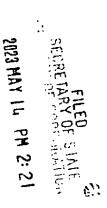
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			9 .
eum ir		CHARTER, LLC		
SUBJEC	CT:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Robert Hock		
		<u> </u>	Name of Person	
		Schenk & Associates, PLC		
			Firm/Company	
		606 Bald Eagle Drive, Suit	te 612	
			Address	
		Marco Island, Florida 341	1 5	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report i	notification)
For furth	er information co	oncerning this matter, please c	all:	
Robert F	łock		239 394-7811 at ()	
	Name of	f Person	Area Code Day	time Telephone Number
Enclosed	I is a check for th	ne 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		Street Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL IN 1 CHARTER, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on February 26, 2021 and assigned
Torida document number L21000095345	
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:
he new name must be distinguishable and contain the words "Li	imited 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 ADD	ORESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the new regist
gent and/or the new registered office address here	:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samuel F. Higgins, Jr.	2083 Pineland Street	□Add
		Naples, Florida 34112	■Remove
			□Change
	-	_	
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove

Trective date, if other than the date of filing: In effective 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 Oct. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as recurrent's effective date on the Department of State's records. Trecord 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 is filed. August 4. Signature of a member or authorized representative of a member.		-			
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lust land	is theu.				
Clust lans	March 6	2023			
Signature of a member or authorized representative of a member		 :	·		
Signature of a member or authorized representative of a member	llet	m			
		Signature of a member or	authorized representativ	e of a member	
Austin C. Gross, Manager Member (AMBR)		_	printed name of signee		

Filing Fee: \$25.00