L21000 103860

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COVER LETTER

Division of Co		4	
SUBJECT:	KNOT BROK	CE CHARTERS	, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Kalina Li	Ubomirova Name of Person	
		Firm/Company	
	3654 W C	ypress St Address	
	Tampa, Fi	- 33607 City/State and Zip Code	
		Chyrsiate and Zip Code	
For further information of	E-mail address: (concerning this matter, please ea	to be used for future annual report noticall:	(ication)
Kalina	of Person	at <mark>\$13)609</mark> Area Code Daytime	09 05 Telephone Number
		, and code 24, van	
Enclosed is a check for t			
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section		Registration Sec Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	•
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BROKE CHARTERS

11_0

KNOT

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 03/03/202 Florida document number <u>L21000103860</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the nanagent and/or the new registered office address here:	ne of the new registered
Name of New Registered Agent:	0
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
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 ag	greento 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

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	Denis Nuhic	4604 S Richards C+	□ Add
		4604 S Richards C+ Tampa, FL 33611	_ ⊠Remove
			Change
			□Add
			□Remove
			□Change
	-		□ Add
			□Remove
			□Change
			
			☐ Remove
			☐ Change
			_ □Add ⁷ :
		£	[]Remove
		- 10-0	□Change
	 -		□Add
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) \triangleright E. Effective date, if other than the date of filing: _ _ (optional) 😑 (If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated April Signature of a member or authorized representative of a member

Typed or printed name of signee