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## **COVER LETTER**

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SUBJECT		MI CHARTERS, LLC	·	•
. товите		Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	irn all correspo	ondence concerning this matter	to the following:	
		EDUARDO ARRASTIA		
		<u> </u>	Name of Person	
		Aldress:  Aldress:  Aldress:  Aldress:  Aldress:  Certificate of Status  Aldress:  Aldress:  Aldress:  Aldress:  Certificate of Status  Aldress:  Aldress:  Aldress:  Certificate of Status  Aldress:  Certificate of Status  Aldress:  Certificate of Status  Aldress:  Certificate of Status  Certificat		
		<u> </u>	Firn/Company	Ort notification)  774  Oaytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ess: on Section f Corporations e of Tallahassee
		8080 NW 25TH ST		
			Address	
		MIAMI, FL 33122		
			City/State and Zip Code	
		-		
For further	information c			ification)
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		ť D	at ( )	T. J. z. k. a. a. N. a. k. z.
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Enclosed is	s a check for t	he following amount:		
<b>■ \$25.0</b> 0	) Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	lailing Addres		<del></del>	ection
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	.O. Box 632			
1	allahassee, l	rL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAY -3 PH 5: 14

SEA MIAMI CHARTERS, LLC

(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 $\frac{04/06/2}{}$	021	and assigned
Florida document number <u>L21000158636</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designa	ation "LLC" or the abb	reviation "L.IC."
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 a agent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		, Florida	
Name Danietarad Agant's Cianatara if abanding Danietarad Assault	City		ир Соде
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				HAY -3 PH 5: 14  Type of Action	
<u>Title</u>	<u>Name</u>	Address	21 HAY -3 P	4 5: 14  Type of Action	
AMGR	EDUARDO ARRASTIA	8080 NW 29TH ST	Γ DORAL FL 33122	■Add	
				□Remove	
				□Change	
AMGR	MARIAM UGALDE ARRASTIA	8080 NW 29TH ST	T DORAL FL 33122	□Add	
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<u>Note:</u> If the da	is listed, the date must be see inserted in this block of the Department on the Department of the Depa	does not meet the a	pplicable statutory	or more than 90 days after filing requirements, the	i <b>onal)</b> r filing.) Pursuant to 605.020 is date will not be listed a
record specific d is filed.	s a delayed effective dat	e, but not an effect	ive time, at 12:01 a	a.m. on the earlier of: (l	5) The 90th day after the
Dated	129/2021	-int	Sem (1)-	Od Amh	
		/	- //		
	Sign	ature of a member or	authorized represent	ative of a member	

Filing Fee: \$25.00