L21000144345

(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT:		Hers LLC ited Liability Company			
	Amendment and fee(s) are sub	_			
ricuse return an correspo	indefice concerning this matter	to the following.			
	mariano Encanto	Perez Name of Person			
	<u> </u>	Firm/Company	<u> </u>		
	1099 mac	arthur Causeu	<u>Xay</u>	202	
	miami F	33133		2021 OC™	
		City/State and Zip Code		$\frac{3}{2}$ $\frac{1}{\omega}$	i
	E-mail address: (whersLLC@gmail to be used for future annual report notif	ication)	- * }	ĮT.
For further information e	oncerning this matter, please co	·		AR 9 10	
maria	no Perez	787, 905-	-0383		
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate C Certified Co (additional cop	of Status &	
Mailing Addres Registration S		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632	27	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Encanto Charters	SLLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000194305}{L}$.	were filed on 427 Z	i and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021
		00 71
		ω
Enter new mailing address, if applicable:		1777
(Mailing address MAY BE A POST OFFICE BOX)		
		33 -
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered white address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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	Address	Type of Action
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	and august 3 2021			
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Filing Fee: \$25.00