K21000 285622

(Requestor's Name)		
(Address)		
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	9/23/21	
<u> </u>	TM	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2021

TREVOR L. GRAMF GANT 1315 SW 28TH TER CAPE CORAL, FL 33914

SUBJECT: SET ON EVERYTHING CHARTERS LLC

Ref. Number: L21000285622

We have received your document for SET ON EVERYTHING CHARTERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00017343

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	On Everything	Charters LLC	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Trever	Name of Person	
	Set	On Everything Firm/Company	Charter LC
	1315 Sw	28 th for	
	Cupe (ora)	FL 33914 City/State and Zip Code	
	TGart77 E-mail address: (1	to be used for future annual report noti	tication)
For further information co	oncerning this matter, please ca	all:	
Trevor GAN	VT Parson	at (239) 747 Area Code Daytim	7 - 8064 c Telephone Number
ranc or	1 (13011		· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for th	e 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)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Se + OA (Name of the Limi	Ecry thing ted Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)	: 11 FH 3: 09
The Articles of Organization for this Limited L Florida document number $L2/0\infty2856$	iability Company w	ere filed on $\frac{6/\lambda1/3}{3}$	21	_ and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the vertice of the principal offices address, if applies applies of the principal office address MUST BE A STREET	cable:	Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or i agent and/or the new registered office addre		dress on our records, <u>s</u>	enter the name c	of the new registered
Name of New Registered Agent:	Deena			
New Registered Office Address:	<u> 1315 Su</u>	28 th ter	uddress	
		Coral City		

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 = M $AMBR = A$	lanager .uthorized Member	
<u>Title</u>	<u>Name</u>	Address 21 AUG 11 PH 3: 09 Type of Action
AMBR	Dreng Gant	1315 Se 28th fer. Gre (0/4/ MAdd
		□ Remove
		□Change
		□Add
		□Remove
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		□Remove
		Change
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		Change
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		Change
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		T/Change

If amending any other information, enter change(s) here:	And the second s
	21 AUG ! 1 PH 3: 09
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ble statutory filing requirements, this date will not be listed as the
e record specifies a delayed effective date, but not an effective tinerd is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Avg. 8th 2021 Signature of a member or author	rized representative of a member
Dena Typed or printed	M Gant