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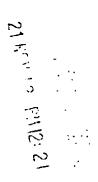
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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T. MATTHEWS NOV 2 3 2021

## **COVER LETTER**

SUBJECT: LAC	S OLAS C Name of Limi	HARTER COMP	ANY LLC.
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Wicciam	M VENNEDY Name of Person	<del> </del>
	LAS OLAS	CHARTER COM	1PANY LLC.
	4944 Su	J 75th AUF. Address	<del></del>
	FORT LAUDE	THOUR FL 33 City/State and Zip Code	312
	E-mail address: (1	to be used for future annual report notification	MALL · COM fication)
For further information co	oncerning this matter, please ca	all:	
WILLIAM &	FENNEDY Person	at (603) 502- Area Code Daytime	C 3 4 4 c Telephone Number
Enclosed is a check for the	e following amount:		
<b>⊠</b> (\$25.00 Filing Fee	☎ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	etion
Division of Co	•	Division of Cor	•

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAS OLAS CHAR-	TEL Company 2CC.
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 2 1000 323 75</u> This amendment is submitted to amend the following:	Company were filed on $\frac{1}{15}$ $\frac{15}{2021}$ and assigned
this amendment is submitted to amend the following.	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
	d office address on our records, enter the name of the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
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 agree to comply with a 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	21 1.59 10 PH 12: 21	Type of Action
MGR	DAUD DAILEY	21712	SHARE ST.	🗆 Add
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Effecti	ve date, if other than the date of filing: 1 09 2021 (optional)
If an effe	ective 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 605.00 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
e recore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
d is fil	
Dated	Signature of a member or authorized representative of a member
	Bin Uleur
	Signature of a member or authorized representative of a member
	Typed or printed name of signee