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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 MAR 31 PH 7: 06

O SIMMONS APR 1 4 2022

COVER LETTER

	istration Se ision of Cor				
SUBJECT:		harters LLC			
SUBJECT.			ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing		
		ondence concerning this matter	-		
		Richard M. Ford			
			Name of Person		
		On-Deck Charters LLC			
			Firm/Company		
		4645 Luce Rd			
			Address	· 	
		Lakeland, FL 33813			
			City/State and Zip Code		
		mattford533@gmail.com E-mail address: (to be used for future annual report noti	fication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Richard Ford	i		863 286-8490		
	Name o	f Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a	i check for th	ne following amount:			
≡ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration 5		Street Address: Registration Se	ction	
Div	ision of C	orporations	Division of Cor	porations	
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT LED TO ARTICLES OF ORGANIZATION PH 7: 06 OF

SECRETARY OF STATE TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

On-Deck 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 C	Company were filed on	1/12/2022	and assigned
Florida document number L22000026778			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company	here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
			
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on ou	r records, <u>enter the na</u>	me of the new registered
			
New Registered Office Address:	Enter i	Florida street address	
		, Florida _	
			Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance gent as provided for i	of my duties, and I am n Chapter 605, F.S. O	i familiar with and r, if this document is

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
AMBR	Tina Ford	4645 Luce Road	
		Lakeland, FL 33813	□Remove
			□Add
			Remove
			□Add
			Remove
			□Add
			□Remove
			Change
	-		🗀 Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

reffective 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 60 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filing. February 1. 2022				
ective date, if other than the date of filing:				
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Signature of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	- ·	
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	•	Signature of a member or authoriz	zea representative of a memb	ст
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