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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Sec Division of Corp			•
SUBJECT: <u>COOCHE</u>	EE CHARTERS, LLC	ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Corpora	ate Maintenance Le	ad
	-	Name of Person	
	Proc	essing Department	
		Firm/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information of	oncerning this matter, please co	ail:	
Process	ing Department	at (800 ) 638-2320	)
	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 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)
MAIL	ING ADDRESS:	STREET/COUR	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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	EE CHARTERS, LLC	980 9555 612
(Name of the Limited Liability (A Florida	y Company as it now appears on our re Limited Liability Company)	COORD STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/04/22	and assigned
Florida document number L22000059884		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
WITHLACOO	CHEE CHARTERS, LLC	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
D. If any district the majorana and any and any and any	4	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
	·	_, Florida
	City	Zip Code
New Desistand Agent's Signature if changing Desistance	4 Accepte	

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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			Remove
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	cord specifies a delayed effective date, bue 90th day after the record is filed.	t not an effective tim	ne, at 12:01 a.m. on th	ie earlier	r of:
Dated	05/16, 20%	<u>02</u> l- l-			
	Signature of a member or	authorized representative of	a member	<del></del>	
		Iliam Pauling  printed name of signee			

Page 3 of 3

Filing Fee: \$25.00