

L22000238492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

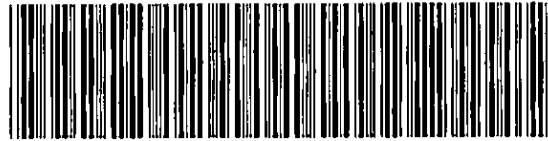
(Document Number)

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Certificates of Status _____

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RECEIVED

2022 SEP -7 PM 1:04 2022 SEP -7 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

SEP 07 2022

D. COMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHARLIE'S SHIPPING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSELIA TERESA WILLIAMS-RIVERS

Name of Person

CHARLIE'S SHIPPING LLC

Firm/Company

18800 NW 17TH AVE

Address

MIAMI GARDENS, FLORIDA 33056

City/State and Zip Code

R568@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSELIA T. WILLIAM-RIVERS

305 5426284

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Charlie's Shipping LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2022 SEP -7 PM 1:04
CLERK OF CIRCUIT COURT
JUDGE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/23/2022
Florida document number L22000238492

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

18800 NW 17TH AVE

MIAMI GARDENS, FLORIDA 33056

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18800 NW 17TH AVE

MIAMI GARDEN, FLORIDA 33056

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROSELIA TERESA WILLIAMS-RIVERS

New Registered Office Address:

18800 NW 17TH AVE

Enter Florida street address

MIAMI GARDENS

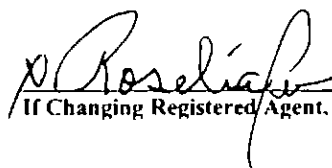
City

, Florida 33056

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

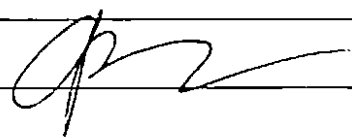
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u> CELEST	ROSELIA WILLIAMS-RIVERS	18800 NW 17TH AVE	<input type="checkbox"/> Add
		MIAMI GARDENS, FLORIDA 33056	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGR</u> MGR	SHARON WILES	8666 NW 47TH DRIVE CORAL SPRINGS,	<input checked="" type="checkbox"/> Add
		FLORIDA 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	CHAD M. RAHN	2841 NE BREEZE WAY CIR.	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Douglas</u> DOUG CARSON	2841 NE BREEZE WAY CIR.	<input type="checkbox"/> Add
		JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I ROSELIA TERESA WILLIAMS-RIVERS CEO/OWNER, REQUESTING THIS SPECIFIC CHANGE ORDER
TO BE MADE ON CHARLIE'S SHIPPING LLC

PLEASE NOTIFY ROSELIA TERESA WILLIAMS-RIVERS OR SHARON WILES FOR ANY CHANGES
TO BE MADE ON COPORATION 1305-542-6284 OR 754-246-9269

CHAD M RAHN OR DOUG CARSON ARE NO LONGER APART OF CHARLIE'S SHIPPING COMPANY
AND ARE NOT PERMITTED TO CALL OR MAKE ANY CHANGES IN THE FUTURE

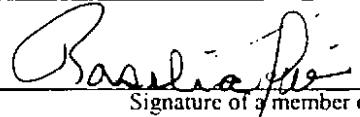


E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8-23-2022



Signature of a member or authorized representative of a member

Roselia T. Williams-Rivers

Typed or printed name of signee