L22000250017

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R. HUNT O 8/05/23

COVER LETTER

TO: Registration Se Division of Cor					
Charlie's To	uro, LLC	:			
	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter				
	Charles V Davin				
		Name of Person			
	Charlie's Turo, LLC				
		Firm/Company	 ·		
	3499 Jade Street				
		Address			
	North Port, FL 34288			2	C
	rashguardsoap@gmail.com	City/State and Zip Code		2023 SEP	OLAISION OF
	E-mail address: (to be used for future annual report notific	ration)	P -5	1 (2)
For further information of	concerning this matter, please c	all:			
Charles V Davin		941 268-5017 at ()		PH 12: 40	203.4
Name o	of Person		Telephone Number	. 40	CORPORATIONS
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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre	ss:	Street Address:			

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

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 Turo, 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 Company were filed on $\underline{05-31-2022}$ and assigned Florida document number L22000250017 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rashguard Soap LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

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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 $AMBR = M$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			
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DIVISION OF CORRESPONDED AND STATE

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Effective date, if other than the (If an effective date is listed, the date mu	date of filing: st be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3 Kb
Note: If the date inserted in this bedocument's effective date on the I	ock does not meet the applicable statutory fil	ling requirements, this date will not be listed as the
ne record specifies a delayed effecti ord is filed.	e date, but not an effective time, at 12:01 a.m	n. on the earlier of: (b) The 90th day after the
Dated August 14th	2023	
Dated	77 · - 1 · f	>:
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	Signature of 6 member or authorized representati	ive of a member

Filing Fee: \$25.00

Typed or printed name of signee