L23000050262

(Re	questor's Name)			
		_		
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Ви	siness Entity Nam	ne)		
(Do	cument Number)	-		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
Special instructions to	i illing Officer.			
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02/13/25--01016--020 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC

DOWN TIME CHARTERS

(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number L230005026	ity Company were filed on January 26, 2023 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e 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	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registered</u> ere:
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 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>	Address	Type of Action
MGR	THOMAS J GORE III	1211 CHICKASAW ST	i ½ Add
		JUDITER FL 33458	D □ Remove
			□Change
MGR	Janel GORE	1211 CHICKASAW ST	
		Supiree FL 33458	D □Remove
			/XChange
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 FEBRUARY nature of a member or authorized representative of a member