L23000125110

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
J. HORNE		
FEB 1 3 2024		

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COVER LETTER

	Registration Se Division of Co			.•
aub in a		BEARER CHARTERS LLC		
SUBJECT: Name of Li			ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		THOMAS, LAURENCE S	S, JR	
			Name of Person	
		-	Firm/Company	
		157 COUNTRY FERN DI		
			Address	
		ST. AUGUSTINE, FL 320	992	
		-	City/State and Zip Code	
		LARRY17THOMAS@YA		13.
For furth	er information o	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	illication)
LAURE	NCE S THOMA	AS JR	904 599-4488 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.I	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 Addre Registration		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 631 Tallahassee,		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HUCKLE BEARER CHARTERS LLC

The same of the sa (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 1	iability Company	were filed on 1/24/	and assigned
Florida document number L23000125110			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company hero	:
Huckleberry Charters LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	157 COUNTRY F	ERN DRIVE
(Principal office address MUST BE A STREA		ST. AUGUSTINE	, FL 32092
			
Enter new mailing address, if applicable:		157 COUNTRY F	ERN DRIVE
(Mailing address MAY BE A POST OFFICE BOX)		ST. AUGUSTINE	, FL 32092
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	address on our rec URENCE S. JR	ords, enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	157 COUNTRY	Y FERN DRIVE	
		Enter Florid	a street address
	ST. AUGUSTI	NE	Florida 32092
		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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			□ Change

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(If an eff Note:	ve date, if other than the date of filing:
the red) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	Signature of a member or authorized representative of a member
	Typed or printed name of signee