# L23000269317

(Requestor's Name)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
-
Special Instructions to Filing Officer:
1.410-
NO. HURNE
NUV 2 / 2023

Office Use Only



500418525625

11/06/28--01027--021 •+50.03

(3E): -5 E: 1:07

## COVER LETTER .

Division of Cor	porations		2 . /
SUBJECT: Ch	iavlies Custo	m Marine a	and Rostoration
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_Charl.	Name of Person	tholmos
		Mayinp Firm/Company	
	12963	88th AVA	2
	Seminole	City/State and Zip Code	33776
	CC Marrin E-mail address: (1	City/State and Zip Code  20/4 0  to be used for future annual report	omail. com
For further information c	oncerning this matter, please ca		551-7726
Charlos P.	Dav Holmos Person		
Enclosed is a check for the	ne 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

Charlies Castom	Marine and Kestoration
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000 269 31.7</u>	were filed on $\frac{6}{2/23}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil CC Maring LLC  The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12963 88th Aug 5 Seminolo F1 33776
(Principal office address MUST BE A STREET ADDRESS)	Seminolo FI 33776
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12963 88th Avo Seminole F133776
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent: Char	les Barthelmes
New Registered Office Address: 12963	3 88th ANY
_Sem	Solos Barthelmes  Besth Ave  Enter Floridu street address  City  City  Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

1

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
			□Add
		<del> </del>	Remove
			☐ Change
		<del>-</del>	
		<del></del>	□ Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

	$\alpha I = I$	$\Omega$ // / $\Delta$		•	$\sim$
	Charles	Baxthelmes	ITTE	Owner	<u>Opova</u>
			Λ	Int for	Xidan
				~- <del></del>	<u> </u>
_					
	· · · · · ·				<del></del>
_			<del></del>		
_					
_				<u>.</u>	
_		********	=		
		<del></del>		<del> </del>	<del></del>
_					
_	·				
_					
	e date, if other than	the date of filings		(optional)	
		must be specific and cannot be prior to d	ate of filing or more than 90		ant to 605,0207 (3)
		s block does not meet the applicable e Department of State's records.	statutory filing requiren	nents, this date will no	ot be listed as the
umei	iii s enective date on th	e Department of State's records.			
		ctive date, but not an effective time,	at 12:01 a.m. on the ear	ier of: (b) The 90th	day after the
file	a.				
	10/00	207 7			
ed _	10/30	2023			
	_ Cye	Signature of a member or authorize	d emegapitative of a mount	or	
		organism of a memoer of authorize	а терпевеннайме от а пасти	C i	
		arles Bartholm			

Filing Fee: \$25.00