L23000272498

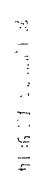
(Red	iuestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	





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08/28/23--01013--016 **25.00



COVER LETTER

TO:

TO: Registration Se Division of Cor			
Always We	t Charters LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabeth Mitchell		
	1>*	Name of Person	
		Firm/Company	
	603 Red Fern Road	,	
		Address	
	crestview FL 32536		· · · · · · · · · · · · · · · · · · ·
	E 1 1 1 1010 3	City/State and Zip Code	
	elizabethmitchell04@gmail E-mail address: (.com to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		Ī
Elizabeth Mitchell		850 9028672	بب تة
Name o	f Person		ne Telephone Number
Enclosed is a check for th	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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Always Wet Charters LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on <u>6/5/2023</u>	and assigned
lorida document number L23000272498		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
		~ <u>`</u>
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		1. 2. 2
Principal office address MUST BE A STREET ADDRESS)		.)
		 1
		و
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		•
. If amending the registered agent and/or registered office	address on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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
AMBR	LizMarie Pagan	603 Red Fern Road	
		Crestview, Florida 32536	■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		<u></u>	Remove
			∷ ————————————————————————————————————
			□ Add
			
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change

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ffective date, if other than the da	be specific and cannot be prior to date of filing or more than 90 days after	filing.) Pursuant to 605.020
an effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Department.		
an effective date is listed, the date must bote: If the date inserted in this block becament's effective date on the Department specifies a delayed effective of		
an effective date is listed, the date must bote: If the date inserted in this block pourment's effective date on the Department specifies a delayed effective of is filed.	artment of State's records.	
an effective date is listed, the date must bote: If the date inserted in this block pourment's effective date on the Department specifies a delayed effective of is filed.	artment of State's records. date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
an effective date is listed, the date must bote: If the date inserted in this block poument's effective date on the Department specifies a delayed effective of is filed. June 7	date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
an effective date is listed, the date must bote: If the date inserted in this block ocument's effective date on the Department appearance of the detailed of the Department appearance of the detailed of the Department appearance of the Department	artment of State's records. date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the

Filing Fee: \$25.00