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## **COVER LETTER**

TO:

Registration Section

Divis	ion of Cor	porations			
SHRIFCT	MERRI	TT CHARTERS, LLC			
300011.		Name of Lir	nited Liability Company		· <u>·</u>
The enclosed	Articles of	Amendment and fee(s) are sul	amittad Can Ellin		
Please return a	ll correspo	ndence concerning this matter	to the following:		
		CAROLINE TAYLOR			
			Name of Person		<del>.</del>
		MERRITT CHARTERS,	LLC		
			Firm/Company		
		8667 SE MERRITT WAY	,		
			Address	<u> </u>	<del></del>
		JUPITER, FL 33458			
			City/State and Zip Code	<del></del>	
		caroflyer@bellsouth.net	to be used for future annua	I report paritication	<del> </del>
For further info	ormation co	oncerning this matter, please c		report notification)	
CAROLINE T	AYLOR			04-7892	
•	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a c	heck for the	e following amount:			
□ \$25.00 Fili	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	ng Address stration S sion of Co Box 6327 hassee, F	ection orporations	Divisio The Ce	ddress: ration Section on of Corporation ontre of Tallaha  I. Monroe Stree	ssee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERR	UTT CHARTERS, LLC	
(Name of the Limited Liz	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on g:	01/30/2024 PLOSE OF STATE OF S
The new name must be distinguishable and contain the words "	Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our recor <u>e</u> :	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
		, Florida
_	Ciţv	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
AMBR	GEORGE KIDWELL	8667 SE MERRITT WAY	<b>=</b> Add
		JUPITER, FL 33458	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	<u></u>		□Add
			□Remove
			Change
			□Remove
			Change
Ge	orge R. Bull		□Remove
_	0		Change

						<u>_</u>
						<del></del>
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	<u></u>					
				<u>.                                    </u>		
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does not	meet the applic	able statutory init	nore than 90 days a	ptional) fler filing.) Pursuant this date will not b	to 605.020 be listed as
e record specifies a delayed effeord is filed.	ctive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of	(b) The 90th da	iy after the
June 19		2024	·			
Dated						
Dated	Conlin	TAR	orized representativ			