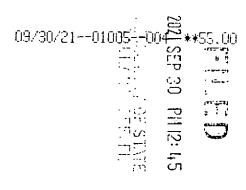
L0400005684

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer. Please Push to Sunbiz A. S.A.P Thanks

Office Use Only



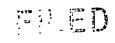






A. Butler

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	2021 SEP 30 PH 12: 45
Yescadora Yesca Depo	xtiva / (.C.
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) A FEE. FL.
The Articles of Organization for this Limited Liability Company	were filed on JON 04 and assigned
Florida document number D# L04000056	
Florida document number D# L 0 4 000056	O 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1100 Cleveland Street Apt 105
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, Florida 33755
	USA.
	was cheerland street Ant 105
Enter new mailing address, if applicable:	1100 Citata Silver
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, Florida 33755
	<u>USF</u> 3:
B. If amending the registered agent and/or registered office:	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	sa Salanda
Name of New Registered Agent: LCATIO	the stigues
New Registered Office Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Leveland Sheet Apt 105 Enter Floridu street address
Clean	exister , Florida 33755 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 Resistered 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
MGRM	Robert J. Burnside	885 Harbor Island	□Add
		Clearwater, Florida 3376	Remove
			□Change
MGBM	Larson Douglas Hudson	Nashville, Tennessee	≱ Add
		Nashville, Tennessee	□Remove
		37215	GChange
MGRM	Kelli Corbin Hudson	1 2304 Valley Brook Roac	Add
		Nashville, Terressee	□Remove
		37215	□Change
			🗆 Add
			□Remove
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ote: If the date ins	her than the date of filing:ed, the date must be specific and canno cred in this block does not meet the date on the Department of State's	ie applicable statutory:	(optional or more than 90 days after filin Tiling requirements, this dat) g.) Pursuant to 605.0207 e will not be listed as
ecord specifies a d is filed.	clayed effective date, but not an eff	fective time, at 12:01 a	.m. on the earlier of: (b) 1	he 90th day after the
ted Sept	Tation Signature of members	<u> 2021</u> .		
	_ latinuc latinuc signal	er or authorized represent	ative of a member	
	Tationa So		aíza.	

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: <u>Pescadora Pesca Deportiva LL</u> Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Tatiana Salgado Louiza. Name d'Person					
Firm/Company					
1100 Cleveland Street Aparl 105					
Clearwater, Florida 33755					
tatiquas de da 23 agrail e com E-mail address: (ti) be used for futur annual eport notification)					
For further information concerning this matter, please call:					
Tatiana Salgado Logiza at (727) 656-4982 Name of Person Name					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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