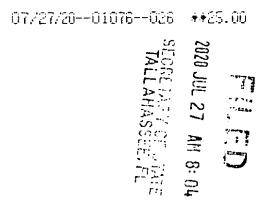
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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D. BRUCE SEP 15 2020

## **COVER LETTER**

	gistration Se vision of Cor					
CHD IECT.	Coastal Fisl	hing Adventures, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		Terry Simmons				
			Name of Person			
		Coastal Fishing Adventure	s			
		<del></del>	Firm/Company			
1912 29th Avenue West						
		Address				
		Bradenton, Florida 34205				
			City/State and Zip Code			
		Coastall <sup>2</sup> ishingAdventures@ E-mail address: (	⊉msn.com to be used for future annual report notif	cation)		
For further i	nformation c	oncerning this matter, please c	all:			
Terry Simm	ions		941 737-9122		s <b>2</b>	
	Name o	f Person	at () Area Code Daytime	Telephone Number	2020 JUL 2 SECRE IS ALLAR	-1182
Enclosed is	a check for th	ne following amount:			27 1AS	ranina ranina
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status 🎖 🔻	

Mailing Address:

TO:

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 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coastal Fishing Adventures, LLC (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 Liability Company were filed on 03/30/2007 and assigned Florida document number <u>L07000034123</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2211 3rd Street West Enter new principal offices address, if applicable: Bradenton, Florida (Principal office address MUST BE A STREET ADDRESS) 34205 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: 2211 3rd Street West New Registered Office Address: Enter Florida street address Bradenton

## 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.

City

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
Mrs	Merrily D Simmons	1912 29th Avenue West	
		Bradenton, Florida	■Remove
		34205	□Change
<del></del>		<del></del>	□Add
			□Change
			□Add
		<del></del>	All Conange
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f an ef Note:	tive date, if other than the date of filing:  O5/15/2020  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
If an ef Note: docun	fective date, if other than the date of filing:  [Coptional]  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
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If an ef Note: docum e record rd is fi	Tective date, if other than the date of filing:

Filing Fee: \$25.00