L08000018055

	_
From: Origin ID: HSTA (305) 670-7000 Martha Fernandez Thomas L. Harris, P.A. 9500 S. Dadeland Blvd. Suite 600 Miarni, FL 33156	_
(City/State/Zip/Phone #)	
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09 NOV -3 AM 10: 58

SECRETARY OF STATE
SECRETARY OF FLORIDITAL

J. BRYAN

NOV -4 2009

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED AMO: 58
SECRETARY OF STATE A
SECRETARY OF STATE A

Turtle	Krawls, IIC ity Company as it now appears on our records.)	
(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)	
(A Florida	a Limited Liability Company)	
	7	1.474
The Articles of Organization for this Limited Liability	Company were filed on <u>February 20, 2008</u> and assigned	
Florida document number L08000018055		
2300000,000	 '	
This amendment is submitted to amend the following:		
•		
A. If amending name, enter the new name of the lin	mited liability company here:	
OLD CUTLER BAIT & TAC	KLE, LLC	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation	44
L.L.C.		1.00
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADD	(RESS)	
 .		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	istered office address on our records, enter the name of the new	
registered agent and/or the new registered office add	<u>dress here</u> :	
	•	
Name of Nam Bosistand Agent.		
Name of New Registered Agent:		•
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	LINGI I WI MA DI COI MANI COD	
	, Florida	4
	City Zip Code	- 114:1

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 608, 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.

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Damayo
		· · · · · · · · · · · · · · · · · · ·	AddRemove
			Demove
D. If an	nending any other information, e	nter change(s) here: (Attach additional she	ets, if necessary.)
			FILE 09 NOV -3 AM SECRETARY OF TALLAHASSEE, FI
Dated _	10/27/09	·,	AMID: 58 OF STATE FLORIDA

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