

LD8 000 109706

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(Address)

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(City/State/Zip/Phone #)

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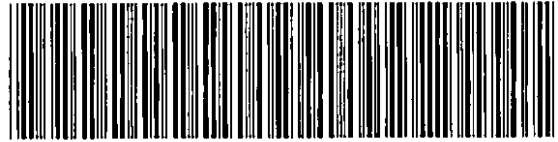
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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DATE: 2/3/2023

NAME: WHITE'S TACKLE, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

atbodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White's Tackle, LLC

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:

Ian E. Osking, Esquire

Name of Person

Neill Griffin Marquis Osking, PLLC

Firm/Company

311 S. 2nd Street, Suite 200

Address

Fort Pierce, FL 34950

City/State and Zip Code

iosking@neillgriffin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian E. Osking, Esq.

772 4648200

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2008 FEB -3 AM 9:48

CLERK OF STATE
TALLAHASSEE, FL

White's Tackle, 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 11/26/2008 and assigned
Florida document number L08000109706

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Lost Arrow Properties, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

24909 Orange Avenue

(Principal office address MUST BE A STREET ADDRESS)

Fort Pierce, FL 34945

Enter new mailing address, if applicable:

24909 Orange Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Fort Pierce, FL 34945

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

OFFICE OF THE
STATE
ATTORNEY GENERAL
TALLAHASSEE, FL

2023 FEB -3 AM 9:48
CLARK OF STATE
HALL TALLAHASSEE, FL

UNITED STATES DEPARTMENT OF JUSTICE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 2/7/2023, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

⑤