

LO9000014175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO9-14175

(Document Number)

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10 APR 19 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Collins APR 12 2010

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Extreme Fishing Adventures 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:

Jimmy Nelson  
Name of Person

Extreme Fishing Adventures LLC  
Firm/Company

7590 SW 188 Ave  
Address

Dunnellon FL 34432  
City/State and Zip Code

jimsafa@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy Nelson at (352) 427-6232  
Name of Person 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 & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2010

JIMMY NELSON  
7590 SW 188 AVENUE  
DUNELLON, FL 34432

SUBJECT: EXTREME FISHING ADVENTURES LLC  
Ref. Number: L09000014175

We have received your document for EXTREME FISHING ADVENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page 1 of the Amendment. I am enclosing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 910A00008907

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

10 APR 19 AM 10:39

Extreme Fishing Adventures LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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 2-11-2009 and assigned  
Florida document number L09000014175.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

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:

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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

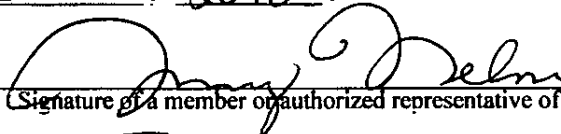
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	<del>James Nelson Jr</del> Samuel Spornhauer	21 Water track Ocala, FL 34472	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Justin Fowler	229 Breckinridge Ln Versailles, KY 40383	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Change James Nelson Jr to MGRM  
from a MGR

Dated 4-08-2010

  
Signature of a member or authorized representative of a member

James Nelson Jr.  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00