LACCOLOISTH

(Re	questor's Name)	
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SECRETARY OF STATE
TALL AHASSEE ELOPIO

COVER LETTER

Division of C	Corporations						
SUBJECT:	CHAOS	6 Holdings LLC					
	Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.					
Please return all corre	spondence concerning this matte	r to the following:					
	w	Marshall Gordon					
		Name of Person					
	(CHAOS Holdings LLC					
		Firm/Company					
		440 S Endoral Hung	•				
		449 S Federal Hwy Address					
	Po	mpano Beach FL 3306	62				
		City/State and Zip Code					
	E-mail address: (shall@chaosfishing.co to be used for future annual repo	ort notification)				
For further informatio	n concerning this matter, please	call:					
	larshall Gordon	at (_954_)	304 0872				
Name of Person		Area Code &	Daytime Telephone Number				
Enclosed is a check fo	or the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section		Registration					
Division of Corporations		Division of Corporations					

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHAOS Hol	ldings LLC			
(Name of the Limited (A	<u>Liability Compar</u> Florida Limited L	<u>ny as it now appear</u> Jiability Company)	rs on our records.)		
The Articles of Organization for this Limited Lia Florida document numberL09000101	, ,	were filed on	10/22/2009	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with 'L.L.C."	n the words "Limi	ted Liability Compa	ny," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		449 S. Federal Hwy			
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Pompano Beach FL 33062			
		449 S. Federal Hwy Pompano Beach FL 33062			
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter 1</u>	the name of the new	
Name of New Registered Agent:	Marshall Go	ordon C/O CHA	OS Fishing		
New Registered Office Address: 449 S. Feder				ASS S TO	
New Registered Agent's Signature, if changing R		npano Beach City	ter Florida street add , Florida	SSE 33062	
hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	oper and compl tered agent as p egistered office	lete performance e provided for in Ch	of my duties, and I d napter 608, F.S. Or,	am familiar with and if this document is	

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 Deep Drop Holdings LLC 301 SE 3rd Ct ☐ Add Pompano Beach Fl 33060 √ Remove Marshall Gordon MGRM c/o CHAOS Holdings LLC 🖊 Add 449 S. Federal Hwy Remove Pompano Beach FL 33062 ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 24 2011 Dated Signature of a member or authorized representative of a member Marshall Gordon

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00