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2023 OST 16 FH11: 53

(10/22/2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	DONALD'S	BAIT & TACKLE, LLC			
oobone.		Name of Lin	mited Liability Company	<u> </u>	<u>—</u>
The enclosed	Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Jack Workman			
			Name of Person		
		Audit Ready Inc			
			Firm/Company		
		PO 604			
			Address	· · · · · · · · · · · · · · · · · · ·	
		Edgewater FL 32132			
			City/State and Zip Code		
		jack@auditreadyinc.com	•		
		E-mail address: (to be used for future annual report	notification)	_
For further inf	formation con	cerning this matter, please c	all:		
Jack Workma	n		386 410-202	6	
_	Name of P	erson	at ()	ytime Telephone Nur	nber
Enclosed is a c	check for the	following amount:			
		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif Certif	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Regi Divis P.O.	ng Address: stration Secsion of Corp Box 6327 hassee, FL	porations		Section	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 16 FEH: 53

DONALD'S BAIT & 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 Con	npany were filed on $\frac{01/22/2}{}$	010	_ and assigned
Florida document number L10000007968	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE			
Enter now mailing address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name c</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	
		, Florida	
	•		Zıp Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my on the state of the one of the or of the	duties, and I am fan uer 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Agent, §	Signature of New Regist	ered Agent

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>	Name	Address	Type of Action
MGR	Kathy Siano-Patterson	129 Lewis St	
		Edgewater FL 32141	
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			————□Add
			□Remove
			□Change

	
	
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#3.00 .1	
(If an effecti Note: If	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
D !	$\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$ $\sqrt{2}$
Dated	
	Carry (Till
	Signature of a member or authorized representative of a member
	Lawrence Patterson
	Typed or printed name of signee

Filing Fee: \$25.00