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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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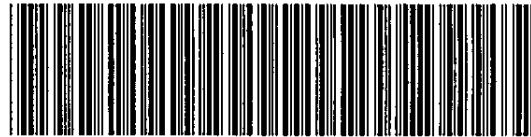
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIVE Jackie Supply, 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:

Marie A. DuVal
Name of Person

NATIVE Jackie Supply, LLC
Firm/Company

3725 31st AVENUE SW
Address

NALLES FL. 34117
City/State and Zip Code

chrmediva.duval@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie A. DuVal
at 239, 777-0692
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$30.00 Filing Fee & Certificate of Status
☐ \$25.00 Filing Fee
☐ \$55.00 Filing Fee & Certificate Copy
☐ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATIVE TACKLE SUPPLY, 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 5/7/2010 and assigned
Florida document number L10000050012.

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)

NATIVE TACKLE SUPPLY, LLC
c/o Marie A. Duvall
3725 31st AVE SW
Naples, FL 34117

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:

Marie A. Duvall

New Registered Office Address:

3725 31st AVE. SW

Enter Florida street address

NAPLES

City

Florida

34117

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.

Marie A. Duvall

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MARIE A. DUVAL</u>	<u>3725 31st AVE. SW, NAPLES, FL 34117</u>	☒ Add
		<u>ROBERT I. ALONSO (MGRM)</u>	☒ Remove
		<u>9360 FRANGIPANI DR., VERO BEACH, FL 32963</u>	
<u>AMBR</u>	<u>BRUCE M. DUVAL</u>	<u>3725 31st AVE SW., Naples, FL 34117</u>	☒ Add
		<u>KELLY P. ALONSO (MGRM)</u>	☒ Remove
		<u>9360 FRANGIPANI DR., VERO BEACH, FL 32963</u>	
<u>AMBR</u>	<u>KATHRYN PETERS</u>	<u>803 Indian River Dr., Unit E</u>	☒ Add
		<u>CARRIAGE HOUSE, SEBASTIAN, FL 32958</u>	☐ Remove
<u>AMBR</u>	<u>GARY PETERS</u>	<u>803 INDIAN RIVER DR., UNIT E</u>	☒ Add
		<u>CARRIAGE HOUSE, SEBASTIAN, FL 32958</u>	☐ Remove
<u>AMBR</u>	<u>NEVILLE DAVIES</u>	<u>5005 OLD POND DRIVE</u>	☒ Add
		<u>NAPLES, FLA. 34104</u>	☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 28, 2014.

Marie A. Duvall

Signature of a member or authorized representative of a member

MARIE A. DUVALL

Typed or printed name of signee

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Filing Fee: \$25.00

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