

L10000079649

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED EYE TROLLING LURE, 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:

MARTY HATCHER

Name of Person

RED EYE TROLLING LURES, LLC

Firm/Company

146 BOB WHITE ROAD

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

mhatcher@aabushings.com"

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

For further information concerning this matter, please call:

MARTY HATCHER

561 685-3653

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 &
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

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

RED EYE TROLLING LURES, 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 07/29/2010 and assigned
Florida document number L10000079649.

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 contain 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)

146 BOB WHITE ROAD

WEST PALM BEACH, FL 22411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

146 BOB WHITE ROAD

WEST PALM BEACH, FL 22411

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

City, **Florida** 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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FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARTY HATCHER	146 BOB WHITE ROAD	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33411	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	LEO PLASENCIA	4 HARVARD CIRCLE	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	<input type="checkbox"/> Change
MGR	HOWARD BROWN	6138 WINDING LAKE DRIVE	<input type="checkbox"/> Add
		JUPITER, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated

Marth Stahl

Signature of a member or authorized representative of a member

MARTY HATCHER

Typed or printed name of signee

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2016 JAN 26 P 1:04
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TALLAHASSEE, FLORIDA