

L12000035997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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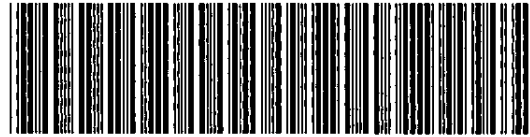
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EXAMINER



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FILED
12 JUN 29 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NSB BAIT & TACKLE 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:

CHRISTOPHER J. RAJOTTE

Name of Person

Firm/Company

800 OAKWOOD AVENUE

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

vhermosillo@ymail.com

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

For further information concerning this matter, please call:

Christopher J. Rajotte

Name of Person

at (**386**)

405-5261

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**

NSB 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 Company were filed on March 14, 2012 and assigned
Florida document number L12000035997.

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)

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12 JUN 29 PM 3:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

CHRISTOPHER RAJOTTE

New Registered Office Address:

800 OAKWOOD AVENUE

Enter Florida street address

NEW SMYRNA BEACH, Florida

City

32169

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Leon H. Geller	197 N. Causeway New Smyrna Beach, FL 32169	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christopher J. Rajotte	800 Oakwood Avenue New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Bryan A. Pae	1971 LAKE DRIVE NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Johnathan Gaylord	458 BOUCHELLE DRIVE, UNIT 102 NEW SMYRNA BEACH FL 32169	<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

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

Dated JUNE 5, 2012

Signature of a member or authorized representative of a member
CHRISTOPHER J. RAJOTTE
Typed or printed name of signee