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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
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#### **COVER LETTER**

то:	Registration Sec Division of Cor			
SUBJI	HALO FISI			
00 <b>D</b>			ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		LUYI ZHANG		
			Name of Person	
		HALO FISHING LLC		
			Firm/Company	
		6925 NW LTC PARKWA	Y	
			Address	
		PORT ST. LUCIE, FL 349	986	
		<del>-                                    </del>	City/State and Zip Code	
		eric@ehbpa.com		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
LUYI	ZHANG		954 899-4756 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>2</b> \$2.	5.00 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 Tallahassec, 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

HALO FISHING LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>ls</u> )
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000062332</u> .	pany were filed on 05/08/2012	and assigned
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	<u>S)</u>	
Enter new mailing address, if applicable:		15 OCT -
Mailing address MAY BE A POST OFFICE BOX)		SSEE. FLO
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
		orida
	City	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

## 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>	Type of Action
MGR	HARRY ALEX PAPPAS	24 HARBOUR ISLE DRIVE WES	🗆 Add
		FORT PIERCE, FL 34949	Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			AHD Add
			Add 2 PR move
			ORIUA Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change

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Filing Fee: \$25.00