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SECRETARY OF STATE TALL AHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Mart Cane's Mart and Bait and Jackle, 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:
Priene Shith  Name of Person  Harricane's Hardi Mart and Bait and tackle, LLC.  Firm/Company
S401 State Boad to East  Address  Battow Dh 33130  City/State and Zip Code  Harri Cane Chandi Mait R Ghail. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$\ \text{Certified Copy} \\ \text{(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

Hurricane's Hardi Mark (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Thue of 2012 and assigned
This amendment is submitted to amend the following:	A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on Annual Annu
HUPPICADE'S HANDI Wart and BOIL	and fackly. LLC.
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)	TALL MOV -9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

#### 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an	effective date, if other than the date of filing:
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
וו (מ)	he 90th day after the record is filed.
Date	Trilerahan 7 2011
Date	111111111111111111111111111111111111111
	( Milera) Smith
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00