## L1200086228

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**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CT:	Mar	ker 9, LLC	
		Name of Limi	ted Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
			James Hammond	
			Name of Person	
			Marker 9, LLC	
			Firm/Company	
4427 SW 1st PL		4427 SW 1st PL		
			Address	
	• •	·	Cape Coral, FL 33914	—
		City/State and Zip Code es@houseoftackle.com	12: ALL	
	·æ •	SEP CRETA		
For furt	ther information o	concerning this matter, please of	call:	FILED FILED ARY OF ASSEEL F
	Jam	nes Hammond	at ( 239 ) 699-0802	ED PM 12: 2: OF STAIL E. FI CREE
	Name o	of Person	Area Code & Daytime Telephone Number	28 8107
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & \$60.00 Filing Certified Copy (additional copy is enclosed)  Certified Co (additional co	of Status &
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations fox 6327 assee, 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

Marke	er 9, LLC			
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears d Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document numberL12000086228			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company her	<u>e</u> :		
House of <sup>5</sup>	Tackle, LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Compar	ny," the designation "L	LC" or the abbreviation	1
Enter new principal offices address, if applicable:		<del> </del>	SEC TALL	
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	<u> </u>		<u> </u>	
Enter new mailing address, if applicable:			-4 PH (2)	AND
(Mailing address MAY BE A POST OFFICE BOX)	·		<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new	<u>v</u>
New Registered Office Address:				
	Eni	ter Florida street add	ress	
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accent the appointment as registered agent and	agree to act in this co	anacity I further ag	ree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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 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

1	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
···	<del></del>		Add Remove 
			Add Remove
If amen	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	FIL 12 SEP -4 SECRETARY L TALLAHASSEE
			PHID: 28
ed		<u></u>	

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Filing Fee: \$25.00