

L12000162172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

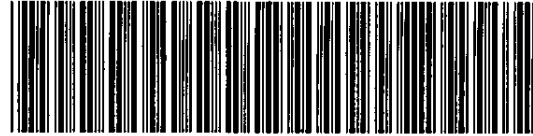
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Strivers MAY 29 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2014

DAVID FAY
1235 S 82ND ST
TAMPA, FL 33619

SUBJECT: SWAMP MOUNTAIN OUTFITTERS, LLC
Ref. Number: L12000162172

We have received your document for SWAMP MOUNTAIN OUTFITTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00011130

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Swamp Mountain Outfitters, 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:

David E. Fay

Name of Person

Swamp Mountain Outfitters, LLC

Firm/Company

1235 S. 82nd St.

Address

Tampa, FL 33619

City/State and Zip Code

pamela@lightningbay.com

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

For further information concerning this matter, please call:

Pamela Fay

Name of Person

813 655-0806

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**

Swamp Mountain Outfitters, 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 December 31, 2012 and assigned Florida document number L12000162172.

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)

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

_____, **Florida**

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

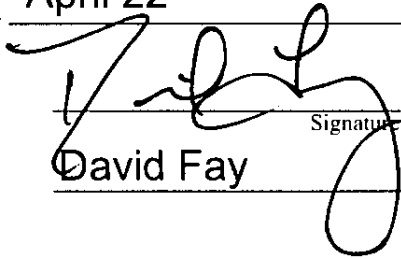
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article III - The Company may engage in any lawful business permitted by the Florida Limited Liability Act or
the laws of any jurisdiction in which the Company may do business. The Company shall have the authority
to do all things covenant to accomplish its purpose and operate its business as described in this Operating
Agreement and in the Articles of Organization of the Company. The authority granted to the Manager
hereunder to bind the company shall be limited to actions necessary or convenient to this business.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 22, 2014



Signature of a member or authorized representative of a member

David Fay

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 28 AM 10:03
2014