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SECRETARY OF STATE ALLAHASSEE, FLORIDA

B. BOSTICK

APR 2 6 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Gone Fishing Landscaping & More, 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:

	Kevin Bruns	on, Sr.			
		Name of Person			
		Firm/Company			
	PO Box 300	4			
		Address			
	Fort Pierce,	FL 34948			
		City/State and Zip Code			
	gonefishinglandso	aping@gmail.com			
	E-mail address: (o be used for future annual report notificat	ion)		
For further information of	concerning this matter, please c	all:	ALL 28-55	2013	
Kevin Brun	son, Sr.	772 777-562	8 CRESA	2013 APR 25	
Name o	of Person	Area Code & Daytime To	elephone Number	55	S - State Street
			면무 기구		[[
Enclosed is a check for t	he following amount:		LOR	••	فمسا
□ \$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 State Certified Copy (additional copy is		ed)

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

Gone Fishing Landscaping & More, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liability Company were filed on 03/01/2013		and assigned
Florida document number L13000032242		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7013 TALL
		<u> </u>
Enter new mailing address, if applicable:	PO Box 3004	R 25
(Mailing address MAY BE A POST OFFICE BOX)	Fort Pierce, FL 349	48 79 7
B. If amending the registered agent and/or registered of		s, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	- · · · · · · · · · · · · · · · · · · ·	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Tya A Fuller	204 N. 39th Street	Add
	,	Fort Pierce, FL 34947 US	Remove
			_
	<u></u>		Add
			Remove
			Add
			Remove
		HA.	Remove P L Remove P L Remove P L Remove P L Remove P Remove
		SSEE, FI. DH	
			Add Remove
			Remove

D. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
·	
	
	
Dated April 23,	2013
	Mankey)
	Signature of a member or authorized representative of a member
	Kevin Brunson, Sr.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 APR 25 PM 1: 14
SECRETARY OF STATE