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Division of Corporations
SUBJECT: FLATHEAD CATFISH HUNTERS 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:
GLENN FZOWERS Name of Person
FLATHEAD CATFISH HUNTERS
Firm/Company
1915 Sloon Anerd
PENSACOIA, FZ 32526 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CICAN FLOWERS at (850) 208 4400 33 Area Code Daytime Telephone Number 3
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\subseteq \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\subseteq \text{\$\subseteq \since \text{\$\subseteq \text{\$\subseteq \since \since \since \since \text{\$\subseteq \since \sinc

MAILING ADDRESS:

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TO:

Registration Section

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

FUATHCAD CATFISH (Name of the Limited Liability CA) (A Florida Lin)	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L130bb123929</u> .	a l	3/2014	_ 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	NIA	nation "LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Alu	ALL ARM SSEC	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r records, enter th	W
Name of New Registered Agent: New Registered Office Address:	NN FLOWE SLASH Enter Florida s	RS PINE Rd	
Per	Saca City	, Florida 37	'SZLI 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, thereby 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 A or removed fr	Authorized Person(s) authorized to ma our records:	nage, enter the title, name, and address of each	person being added
MGR = Mai AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00