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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	mpa Bay Nation	ited Liability Company	LLC
	Name of Lim	inted Clability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Librar	Name of Person	
		Name of Person	<del></del>
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	(on pa	Firm/Company	Coord
	/ 6	11.	
		Valencia Circle	
		Address	
	Salety	Harbor, FL 346° City/State and Zip Code	15
	Ethon	KIBUT AGMAN. (OM) to be used for future annual report noti	
	E-mail address: (	to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	all:	
Ethon Ki	Nuri	/ ₹17 \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	U7A7-
Name of P	erson	at (7,27) 27% - Area Code Daytim	e Telephone Number
inclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		□ \$55.00 Eiling Fan &	☐ \$40.00 Eiling Fox
□ 525.00 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
		(dddining) eigiy is elletised)	(additional copy is enclosed)
		_	
Mailing Address: Registration Se	ction	Street Address: Registration Sec	ction
Division of Cor		Division of Cor	
P.O. Box 6327	porations	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ 13 / 30/3 Florida document number <u>13005</u>129693 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tourpa Fly Fishing Greide UC

The new name most be distinguishable and contain 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent:

## w Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and sept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	Dicambir	Signature of	f a member or a	uthorized represer	ntative of a membe	г	