

L13000/44727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

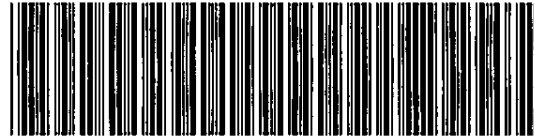
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/16--01031--022 **25.00

2016 JUN 13 PM 12:48
TALLAHASSEE, FLORIDA

FILED
2016 JUN 13 AM 11:40
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reel Line Addiction
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:

Kim Kania
Name of Person

Reel Line Addiction
Firm/Company

14 Renmont Place
Address

Palm Coast, FL 32164
City/State and Zip Code

Jaron Dishner @ ReelLineAddiction.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaron Dishner at (423) 963-9571
Name of Person 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

Reel Line Addictio

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

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2016 JUN 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/14/13 and assigned
Florida document number 613000144727.

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 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:

Kim Kania

New Registered Office Address:

Enter Florida street address

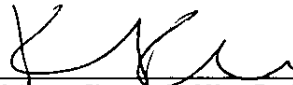
_____, Florida

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	John Kania	14 Renmont P1.	☐ Add
		PalmCoast, FL 32164	☒ Remove
			☒ Change
Mgr	Kim Kania	14 Renmont P1	☒ Add
		Palm Coast, FL 32164	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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2016 JUL 13 11:50
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

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

Don't know if I did this right. All I want to do is take my name off John Kania and put my wife on Kim Kania. I don't know if I had to sign her as new registered agent, we did it anyway if not disregard page 1. Thank you so much, my phone # 386 627 4682

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 8th, 2016.

John Kania

Signature of a member or authorized representative of a member

John Kania

Typed or printed name of signee