

L14000129775

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

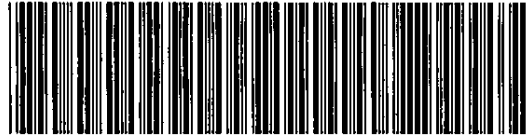
Special Instructions to Filing Officer:

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Wrong form

Office Use Only



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FILED
2016 MAY 24 AM 7:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY 24 PM 1:46
DIVISION OF STATE
TALLAHASSEE, FLORIDA

May 6, 2016

PRESNELL'S R.V. RESORT AND OUTFITTERS, LLC
ATTN: HILTON J. LANDRY, III
607 WOODWARD AVE
PORT ST. JOE, FL 32456

SUBJECT: PRESNELL'S R.V. RESORT AND OUTFITTERS, LLC
Ref. Number: L14000129775

We have received your document for PRESNELL'S R.V. RESORT AND OUTFITTERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 216A00009572

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Presnell's R.V. Resort and 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:

Hilton J. Landry III

Name of Person

Presnell's R.V. Resort and Outfitters, LLC.

Firm/Company

607 Woodward Avenue

Address

Port Saint Joe, FL 32456

City/State and Zip Code

keith@keithjonescpa.com

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

For further information concerning this matter, please call:

Keith L. Jones, CPA

850 229-1040
at ()

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**

Presnell's R.V. Resort and 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 08/09/2014 and assigned to

Florida document number L14000129775.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Premier Sportfishing Adventures LLC

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2006 MAY 24 AM 7:54
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

[illegible]

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.

Dated May 20, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

SECRET
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SECURITY OF STATE
TALLAHASSEE FLORIDA