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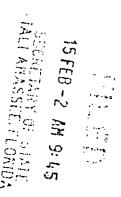
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Robertson Lures 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:	
Dylan Kendrick  Name of Person	
Name of Person	
Pobertson hures LLC	
Robertson Lures LLC Firm/Company	
5495-7 Monterey Circle	
Address	
Delray Beach / FL 33484  City/State and Zip Code  dylan @ robertson lures. com  E-mail address: (to be used for future annual report notification)	
dulan (E) roberts valures 1000	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dylan Kendrick at (561) 985-1549  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

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

Robertson Lu	
( <u>Name of the Limited 1</u> (A l	Liability Company as it now appears on our records.  Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on August 21, 2014 and assigned 520.
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the word	ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new eaddress here:
Name of New Registered Agent:	25.5 V
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> Type of Action **Address** Duncan Robertson 31 Ukosi Rd □ Add Kloof. 3640 Kwazulu Natal Remove SOUTH AFRICA MGR John Robertson 31 Ukosi Rd □ Add Kloof, 3040 Kwazulu Natal South Africa □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove

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	* (No. 10 Mar)
Effective date, if other than the date of filing:	(optional)
	(optional) of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of	of State)
the date this document is filed by the Florida Department of	of State)
	of State)
Dated Sanuary 26.	of State)
Dated Sarvary 26 Signature of a mer	2015 .

Page 3 of 3

Filing Fee: \$25.00

