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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Bife	Me Sport fishin	g, LLC	
	Name of Linu	med Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Craig Zon	faly	
	/	Xame of Person	
	0	Firm/Company	
	109 Legat	Ha Drive	
	$\mathbf{\mathcal{I}}$, , , , , , , , , , , , , , , , , , , ,	
	Jupiter F	L 33477	
	1726)-	City/State and Zip Code	
	F-mail address: ()	Zeeauto. Com to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca	•	
·	0.1		
Craig Zo	italy	at (203) 3/4-	<u>5725</u>
/ Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		J
□ \$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

Bite Me Sportfishing, L	1C		
Bite Me Sportfishing, L. (Name of the Limited Liability Comp. (A Florida Limited	pany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L14000/35764</u> .		and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liah	bility Company," the designation "LLC" or the ab	breviation "L.I	C."
Enter new principal offices address, if applicable:	, , , ,		<u>D</u>
Principal office address MUST BE A STREET ADDRESS			335
Trincipal office address MOST BL A STREET ADDRESS		====	70 mm
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
C_4iling address if applicables		<u>-</u>	<u> </u>
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>——မ</u>	- <del> </del>
B. If amending the registered agent and/or registered		the name	of the nev
registered agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:		· · ·	
New Registered Office Address:			
	Enter Florida street address		
<u></u>	, 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR_	Diane Zoufaly	Address 109 Regatta Drive Jupiter FL 33477	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
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n effectiv	date, if other that we date is listed, the date the date inserted in a s effective date on	ate must be specific this block does no	and cannot l of meet the	applicable st	of filing or mor atutory filing	re than 90 days	ptional) after filing.) Pursi this date will r	uant to 605.0 not be listed	0201 d as
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