## 14400136679

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SEP, 12 2014 J. BRUCE

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Real Smooth Sport Fishing 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:

James Ingram

Name of Person

Reel Smooth Sport Fishing LLC

Firm/Company

4122 Library St

Address

Port Charlotte FL 33948

City/State and Zip Code

ijimhwk@aol.com

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

For further information concerning this matter, please call:

James Ingram

312,656-6073

Name of Person

Area Code

Daytime Télephone 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

Real Smooth Sport Fishing L		
( <u>Name of the Limited I</u> (A)	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L14000136679</u>	lity Company were filed on Sept 2, 2014	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Reel Smooth Sport Fishing LLC		
The new name must be distinguishable and end with the word	is "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)	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)		SEP -8 PM : 33
registered agent and/or the new registered office	registered office address on our records, <u>en</u> <u>address here</u> :	ter the name of the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	····
_	, Florida	1 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
•			·
			D Add
			□ Remove
			Add
			☐ Remove
			20 Add SE
		SEP Remove PH	
			GF STANDA ASS
		<u>55</u> □ A <b>6</b>	
		☐ Remove	
		Add	
		☐ Remove	

ii amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
ffective date, if other than the date the effective date must be specific, cannot be put date this document is filed by the Florida f	of filing: (optional) prior to date of receipt or filed date and cannot be more than 90 days after Department of State)
Pated	
- fame	aure of a member of anthorized representative of a member
James Ingram	
	Typed or printed name of signee

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Filing Fee: \$25.00

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