## 214000/81900

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	egistration Se ivision of Cou			
SUBJECT	: <u>M</u>	iss Aegina	Sport fishing ited Liability Company	LLC
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		•	Langston Name of Person  Sina Sportfish Firm/Company	ing LLC
		453	CALHOUN AV	<u>E</u>
		Destin	City/State and Zip Code  CAQ GMa.L. Co to be used for future annual report notif	41
		MS Aes E-mail address:	INA @ GMa.L. C to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca		
Ran	Name of	angston Person	at (\$50) 837 - Area Code Daytime	Co 49 Co Telephone Number
	; ;		1	
_	a check for th	e 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)
er en	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Centrallahassee, FL 323	n ations ater Circle

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

Miss Aegina Spor-	trishing LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000181900</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	y were filed on $11-24-2014$ and assigned	1. 
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	453 CALHOUN AVE	
(Principal office address MUST BE A STREET ADDRESS)	Destin FL. 32541	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	453 CAL HOUN AVE.  DOSTIN 7L. 32541	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		<u>w</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>t</u>	

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
VP_	Amy Langston	453 CALHOUN AVE.	Add
	•	453 CALHOUN AVE. Destin 7L. 32541	<b>☑</b> Remove
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If the date insert	er than the date of the date must be spected in this block does ate on the Department.	s not meet the ap	oplicable statutor	(ong or more than 90 days and the second of	ptional) after filing.) Pursuant to 605. this date will not be lister
	a delayed effec er the record is		t not an effec	tive time, at 12:0	1 a.m. on the earlie
d May à	24	, <u>20</u>	<u>17</u> .		
	Rand	Jan re of a member or	authorized represe	entative of a member	
	6	<i>i</i>	-		

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