

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000318096 3)))



H160003180963ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBINSON ACCOUNTING SERVICE
Account Number : I20030000126
Phone : (850) 769-2331
Fax Number : (850) 769-0269

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTH BAY BAIT & TACKLE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2016 DEC 29 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

16 DEC 29 AM 10:00

FILED

Electronic Filing Menu

Corporate Filing Menu

O SIMMONS
DEC 30 2016
Help

Fax Audit No: (((H16000318096 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTH BAY BAIT & TACKLE, 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 SEPTEMBER 9, 2015 and assigned Florida document number L15000153747.

This amendment is submitted to amend the following:

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

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)

4402 CO RD 2321PANAMA CITY, FL 32404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4402 CO RD 2321PANAMA CITY, FL 32404

B. If amending the registered agent and/or registered office address on our records, enter the name of the now registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES D HALL, II

New Registered Office Address:

14237 HALLVILLE RD

Enter Florida street address

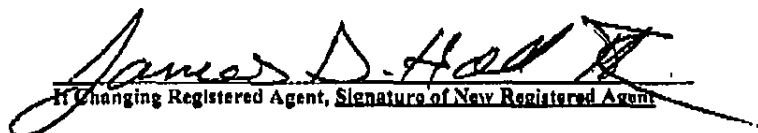
YOUNGSTOWNFlorida 32466

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

Fax Audit No: (((H16000318096 3)))

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>
MGR	TRACY D. RICHARDSON	7320 S DEER HAVEN RD	<input type="checkbox"/> Add
		SOUTHPORT, FL 32409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1
DEC 29 AM 10:00
FILED

Fbx Audit No: (((H16000318096 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 DEC 29 AM 10:00

750

E. Effective date, if other than the date of filing: December 31, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated DECEMBER 28, 2016

Trace D Richmond

Signature of a member or authorized representative of a member

TRACY D. RICHARDSON

Typed or printed name of signee