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| Certified Copies | _ Certificates | of Status |
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| Division of Cor | | | |
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| subject: Nam | Fighing Name of Em | Adventuces LLC ited Liability Company | · |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following. | |
| | Theodore C | Name of Person | |
| • | Nouti-Gal Fi | Shing Adventuces LLC Firm/Company | |
| | 26711 | Little John Court | Apt 47 |
| | | Springs, FL 341 City/State and Zip Code | |
| | Ted @ No. E-mail address: (| Ati-Galfishing. Com to be used for future annual report notifi | cation) |
| For further information co | onceming this matter, please & | dr. | |
| | - | at(-) | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he 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

| ARTI | CLES OF C | | TION | | |
|--|---------------------|-------------------|-----------------------------------|---------------------|-------------------|
| Nauki - Gal Name of the Limited | Fishing | | tuces LLC ars on our records.) | SETARY OF ST | FILED |
| The Articles of Organization for this Limited Lia | bility Company | were filed on _ | oct 5, 2015 | gy äuqassi | gned |
| Florida document seas has _LISocole407 | 14 | | _ | Ë | |
| This amendment is submitted to amend the follow | wirg: | | | | |
| A. If amending name, enter the new name of | | | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabii | ily Company," the | designation "LLC" or the | e abbreviation "L.I | L.C." |
| Enter new principal offices address, if applica | ble: | 36711 | Little John (| Court APT | 47 Bonita Springs |
| (Principal office address MUST BE A STREET | 'ADDRESS) | X6711 Litt | tle John Court | APT 47 | |
| | | Bosita | Springs, FL 341 | 13.5 | |
| Enter new mailing address, if applicable: | | 21711 Litt | le John Court | + APT 47 | |
| (Mailing address MAY BE A POST OFFICE B | <u>30X)</u> | Bonita | Springs, FL 3 | <u> </u> | |
| B. If amending the registered agent analor registered agent and/or the new registered office. Name of New Registered Agent. | | | | er the name o | of the new |
| New Registered Office Address: | 36711 | Little ! | John Court | 1.1 47 | |
| tion together office Address. | | Enter Flo | orida street address | | |
| | Bogila | Springs | , Florida | 34135 | . |
| | | City | | 7ip Code | |
| New Registered Agent's Signature, if changing Re | egistered 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:

| Title | Name | Address | Type of Action |
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| amen | ding any other information, enter change(s) here: (Attach additional sheets, if | necessary.) | |
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| fectiv an effec | e date, if other than the date of filing: $05/01/2016$ (or ive date is listed, the date must be specific and cannot be rejor to date of filing or more than 90 days | optional) after filing.) Pursi | ant to 605.0 |
| ote: 1 | ive date is listed, the date must be specific and cannot be rejor to date of filing or more than 90 days the date inserted in this block does not meet the applicable statutory filing requirements it's effective date on the Department of State's records. | , this date will n | ot be listed |
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| The S | rd specifies a delayed effective date, but not an effective time, at 12:00 Oth day after the record is filed. | 01 a.m. on th | ne earlier |
| | H/20/2011 | | |
| ated_ | 4/28/2016 | 2016 | CHI CHI |
| | Signature of a member or authorized representative of a member | | Same of the last o |
| | | ARY O | m |
| | The odore Typed or printed name of signee | OF STAT | |
| | | S: UH STÀTE LORIDA | <u>.</u> |
| | Page 3 of 3 | , F | |

Filing Fee: \$25.00