

L160000111843
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617 5383

From: Account Name : LEGALZOOM.COM INC
Account Number : 120010000062
Phone : (323)952-9600
Fax Number : (323)952-3889

**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
FLORIDA FISHING PRODUCTS, LLC**

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2016 MAY -4 AM 10:18
TALLAHASSEE, FLORIDA
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA FISHING PRODUCTS, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

tim@sommerbranding.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at 323 962-8600 ext 7950

Name of Person

Area Code

Daytime Telephone 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

FILED
MAY 11 2016
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

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

FLORIDA FISHING PRODUCTS, 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 04/08/2016 and assigned Florida document number L16000069948.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

TIMOTHY E. SOMMER

New Registered Office Address:

205 W. OHIO AVE.

Enter Florida street address

TAMPA

City

Florida

33603

902

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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	TIMOTHY E. SOMMER	205 W. OHIO AVE.	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33603	<input type="checkbox"/> Remove
AMBR	TIMOTHY E SOMME	205 W. OHIO AVE.	<input type="checkbox"/> Add
		TAMPA, FL 33603	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 04/27, 2016



Signature of a member or authorized representative of a member

TIMOTHY E. SOMMER

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

2016 MAY -11 A 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED