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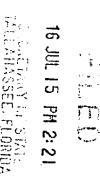
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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJE	CT: <u>/</u>	igh Octane Fi Name of Limite	hing CLC d Liability Company	
The encl	osed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please re	eturn all corresponde	nce concerning this matter to	the following:	
	-	Nicholus (Name of Person	
	-		Firm/Company	\
	-	ZZZI SE US	HWY 301 Address	
	-	Hauthor	ne FL 37640 City/State and Zip Code on 7@ 9mail. Com be used for future annual report noti	<u>, </u>
	_	Seacoc E-mail address: (to	on 76 gmail. Com be used for future annual report noti	fication)
For furth	er information conce	rning this matter, please call	:	
_ <i>N</i>	Name of Per	rington son	at (357) 339 Area Code Daytim	1994 e Telephone Number
Enclosed	l is a check for the fo	llowing amount:		
\$25.	00 Filing Fee 🛛	1 \$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

High Octone	Fishing LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)			
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>04/19/7016</u> and assigned 6735			
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:	4-11-11-11-11-11-11-11-11-11-11-11-11-11			
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the nev			
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:

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:

or remo	veu trom our recorus:		
MGR =	Manager		
AMBR:	= Authorized Member		

<u> 1 IUE</u>	Name	Address	Type of Action
MGR	Nicholas Warrington	ZZZI SE US HWY 301	t Add
		ZZZI SE US HWY 301 Hawthorne FZ 3Z640	□ Remove
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The 90th day af	s a delayed effective ter the record is file	ed.		at 12:01 a.m. (on the ear	lier of
Pated 0 /	7/12 Signature of	_, <u>Zo16</u>	/			
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	Signature o	n a memoer or authori	ed representative of a r	nember		

Page 3 of 3

Filing Fee: \$25.00