## 116000101206

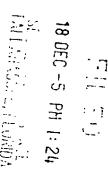
(Re	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name	)		
(Document Number)				
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO:	Registration Se Division of Cor		*				
·empi		ANGLERS CAFE ISLAMORADA LLC					
· SUBJ	ECI:	Name of Lin	ited Liability Company	<del></del>			
The er	nclosed Articles of	Amendment and fee(s) are sub	emitted for tiling.				
Please	return all correspo	ndence concerning this matter	to the following:				
		ISA BURDICK					
		** *	Name of Person				
			Firm/Company				
		144 HARBOR LANE					
			Address				
		TAVERNIER, FL 33070					
		SWEET2222@BELLSOU	City/State and Zip Code				
		E-mail address: (	to be used for future annual report noti-	fication)			
For fu	rther information co	oncerning this matter, please c	all:				
ISA B	BURDICK		305 522-3906 at ( )				
	Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclos	sed is a check for th	ne following amount:					
<b>₩</b> \$2	5.00 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 **OF**



ANGLERS CAFE ISLAMORADA 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 $\frac{05/24/2016}{}$	and assigned
Florida document number L16000101206		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ANGLERS ISLAMORADA TACKLE AND LIVE BAIT, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	144 HARBOR LANE	
(Principal office address MUST BE A STREET ADDRESS)	TAVERNIER, FL 33070	
	A LA LIA DINADI LA AMP	
Enter new mailing address, if applicable:	144 HARBOR LANE	
(Mailing address MAY BE A POST OFFICE BOX)	TAVERNIER, FL 33070	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	rds, <u>enter the name of the new</u>
Name Daviston of Office Address.	•	
New Registered Office Address:	Enter Florida street ada	tress
		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: MGR = Manager AMBR = Authorized Member Address **Type of Action** Title Name \_□ Add \_□ Remove \_□ Change \_\_ 🗆 Add ☐ Remove \_□ Change \_□ Add \_□ Remove \_□ Change □ Add \_□ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change

). If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.),
	18 OEC -5 PM 1.25
	312 -5 PH ,
	(A) ( A)
	1. 1. (1611) A
Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does no document's effective date on the Department o	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 It meet the applicable statutory filing requirements, this date will not be listed as th
the record specifies a delayed effective ) The 90th day after the record is filed	e date, but not an effective time, at 12:01 a.m. on the earlier of: d.
Dated OCTOBER 31	2018
	Doe Budicho
Signature of	a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00