(Requestor's Name) (Address) (Address)	100331599131
(City/State/Zip/Phone #)	CTUDE 15 -01 har -o. + + + + + + + + + + + + + + + + + + + - + - +
Office Use Only	-5 AM 8: 21 SEE FILE Amend

COVER LETTER

TO: **Registration Section Division of Corporations**

SRQ Underwater Hunters LLC

SUBJECT:

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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:

Jeffrey K McFadden

2550 Temple Dr

Address

Name of Person

Firm/Company

Winter Park, Florida 32789

City/State and Zip Code

jmcfadden@tiholdings.com

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

For further information concerning this matter, please call:

Jeffrey K McFadden 407 234-8412 Area Code _at (__ Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

S25.00 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

SRQ Underwater Hunters 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 June 8, 2016	_ and assigned
Florida document number L[6000111480	

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:	2550 Temple Dr	SEC 119
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL	
	32789	
		AN T
Enter new mailing address, if applicable:	2550 Temple Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Winter Park, FL	2 N 2
	32789	

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

Name of New Registered Agent:	Jeffrey K McFadden	
New Registered Office Address:	2550 Temple Dr	
	Enter Fl	orida street address
	Winter Park	. Florida <u>32789</u>
	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

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Page	1 øf	3
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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being addec <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u> Jeffrey K. McFadden	<u>Address</u> 2550 Temple Dr	<u>Type of Action</u>
MGR		Winter Park FL 32789	Add 🖬
			C Remove
			Change
MGR	Robert K Robinson	240 S. Pineapple Ave 6th FL Sarasota FL 34236	☐ Add
			🖬 Remove
		,	Change
			Add
			🗆 Remove
			Change
			Q Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
			Change

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

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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.

1 8 2019 Robert K. Rol Moy Dated ____ Signature of a member or authorized representative of a member

Robert K Robinson, member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00