

L16000152898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

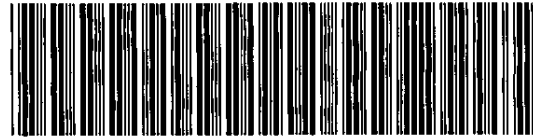
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OCT 18 2016
S. YOUNG

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TALLAHASSEE, FLORIDA
16 SEP 15 PM 2:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2016

mmeth
GARRETT BRUMETT
898 NE 96 AVENUE
OKEECHOBEE, FL 34974

SUBJECT: REEF ASSASIN FISHING GEAR, LLC
Ref. Number: L16000152898

RECEIVED
2017 OCT 17 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for REEF ASSASIN FISHING GEAR, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00020009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Shelia
Thank you.
6.*

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REEF ASSASIN FSHING GEAR, 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:

GARRETT BRUMMETT

Name of Person

Firm/Company

898 NE 96 AVE

Address

OKEECHOBEE, FL 34974

City/State and Zip Code

brug0615@gmail.com

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

For further information concerning this matter, please call:

GARRETT BRUMMETT

863 447-5224
at ()

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

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TALLAHASSEE, FL 32301
SEP 15 PM 2:51
16

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

REEF ASSASIN FISHING GEAR, 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 08/17/2016 and assigned
Florida document number L16000152898.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REEF ASSASSIN FISHING GEAR, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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JAN 16 2015
2:57 PM

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

16 ~~1000~~ 15 PM 2:51

FIELD STATE
SECRETARY OF
TALLAHSEE
SEPT 15 PM 2:57

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

10/10/2016

Robert B.

Signature of a member or authorized representative of a member

Garrett Brummett

Typed or printed name of signee