## 116 000 187 179

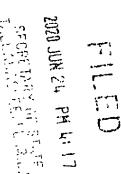
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	_
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer: .	
	Special Instructions to Filing Officer:
	i e
	1
	·

Office Use Only



700346840957

08/24/20--01012--002 \*\*25.00



D BRUCE NUG 10 2000

## **COVER LETTER**

Division of Co	orporations	. (	
SUBJECT:		Bout Tackl	· Shack, LLC
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	7 15	Name of Person  the But? To  Firm/Company  Address  Address  That Chee Fl  City/State and Zip Code	Sondo Exclete Shack 32359 nacko gmail com
For further information	concerning this matter, please o	<u>all;</u>	23.00 20 20 20 20 20 20 20 20 20 20 20 20 2
Tammy	Giallunbard of Person	all:  O at (352) 215  Area Code Daysims	t- 0058 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2
Enclosed is a check for			
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status & Certified Copy  (additional copy is enclosed)
Mailing Addre	<u>ess:</u>	Street Address:	

TO: Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stein hatchel Bait & Tackle Strack, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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 "LLC."  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 registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florido street address	The Articles of Organization for this Limited Liability Company were file Florida document number <u>L16000187 179</u> .	ed on	10/10/20	: <u>ما ا</u>	ınd assi	igned
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)  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	This amendment is submitted to amend the following:					
Enter new principal office 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 registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	A. If amending name, enter the new name of the limited liability com	pany her	<u>e</u> :			
(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 registere agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florido street address  Enter Florido street address	The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the des	ignation "LLC" or th	ie abbrevia	tion "L.l	c."
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:	Enter new principal offices address, if applicable:		<u>.</u>			
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:  New Registered Office Address:  Enter Florido street address  Time Total Agent Agent Agent Agent Address Add	(Principal office address MUST BE A STREET ADDRESS)					
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	(Mailing address MAY BE A POST OFFICE BOX)  B. If 2mending the registered 2gent 2nd/or registered office 2ddress of	sa oer rec	ords, <u>enter the</u> s	szme of t	be new	registered
New Registered Office Address:  Enter Florida street address  T: 11					2026	
Enter Florido street address 2 47		<del></del>		:	<u> </u>	1 !
The state of the s		Enter Florid	n street address		- <u>6-3</u>	***
				<u></u>	17) 13	
New Registered Agent's Signature, if changing Registered Agent:	·			Zij	Code	ق <sub>د د م</sub> ا

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 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>	Name	Address	Type of Action
AMBR	Benjanion C Giallo	mbardo POBOX 721	
		nbardo POBOX 721 Steinhatchee, FL 323	S NX Remove
		<del>-</del> . <del></del>	_
			□ Add
			ERemove
			[]Change
			□Add
			□Remove
			□Add  □Remove  □
		• ~	[Tehange
		<u> </u>	☐ ☐Add
			□Remove
			UChange
		<del></del>	□ Add
			□Remove
			□Change

												_
				<del></del> -								-
					·					-		_
							-	<del></del>				_
												_
	<del></del>											
	<del>_</del>								_			
												_
												_
				_								_
										i	:77:	-
		<u> </u>		<del>-</del>	<u></u>		-				ZE JUN	- :-
										• • ;	- <del>32</del> - <u>75</u>	
		<u> </u>		<del></del>		·				• • •	7.5	- i
								<del></del>		<del></del>		_ _
					<del>-</del>	<del></del>				· <del></del>		<b>-</b>
un effectiv <del>ote:</del> If th	e date is fisted, the se date inserted	than the date to date must be spe in this block do on the Departn	ecific and o ses not m	cannot be eet the ar	prior to da	nc of filing statutory	or more t	nan 90 days quirement	after fili	ie i Pursua	ent to 60. He lis	- 5.02( ted a
is filed.		d effective date.								1Դе 90ւհ	day afte	er the
ited	June	12- Jarra Signat	·	<u> 20</u>	<u>၂ပ</u> .							
		Jara	ruf !	<u>i</u>	Lialk	orba	nd o			·		
-		Signat	urc of a m	cmoct or :	authorizei	represent	attve of a	memor				