

L160000192612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

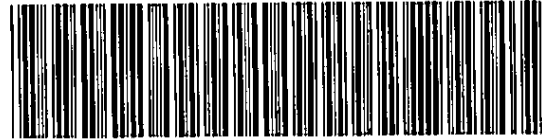
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAILWALKER FISHING ADVENTURES, 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:

Thomas W ELLIOTT  
Name of Person

TAILWALKER FISHING ADVENTURES LLC  
Firm/Company

7508 S. RIDGESTONE DR SIOUX FALLS  
Address

SD 57108  
City/State and Zip Code

TWE@SIO.MIDCO.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas ELLIOTT at (605) 929-4287  
Name of Person Area Code Daytime Telephone Number

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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 Address:**  
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**

TAIL WALKER FISHING ADVENTURES 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 OCT 18, 2016 and assigned Florida document number L1600019212.

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:

(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:

DAVID SHILLINGER

New Registered Office Address:

140 N. INDIES DR 1

Enter Florida street address

DUCK KEY

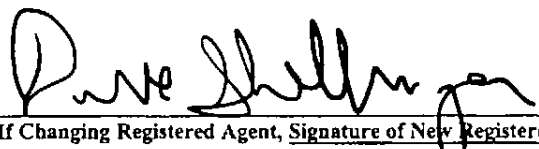
City

Florida 33050

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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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>
MGR	THOMAS ELLIOTT	7508 S. RIDGESTONE DR	<input type="checkbox"/> Add
		SIOUX FALLS SD 57108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID SHILLINGER	140 N. INDIES DR	<input checked="" type="checkbox"/> Add
		DUCK KEY, FL 33050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THOMAS ELLIOTT	7508 S RIDGESTONE DR	<input type="checkbox"/> Add
		SIOUX FALLS SD 57108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THOMAS ELLIOTT HAS SOLD ALL HIS  
INTEREST TO DAVID SHILLINGER EFFECTIVE  
8-5-22

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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 8-5-22

Thomas W Elliott Dave Shillinger  
Signature of a member or authorized representative of a member

Thomas W ELLIOTT DAVE SHILLINGER  
Typed or printed name of signee