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COVER LETTER

TO:	Registration Se Division of Con				
SUBJE	Trident Tac	ckle Company LLC			
SUBJE	CI;	Name of Lim	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Stanley Garrastazu		•	
			Name of Person		
		Trident Tackle Company			
			Firm/Company		
		13084 Clay Ave			
			Address		
		Largo FL 33773			
			City/State and Zip Code		
		stan.garrastazu@gmail.com			
			to be used for future annual report notific	ation)	
For furth	er information c	oncerning this matter, please ca	all:		
Stanley	Garrastazu		727 623-8773 at ()	2017 . SLUB ALLA	
		f Person	Area Code Daytime	Telephone Number A	
Enclosed	l is a check for th	ne following amount:		ס קַּבָּ	0
□ \$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 enclose	&

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

Trident Tackle Complany LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 12-28-2016 and assigned
Florida document number L16000232897	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Trident Tackle Company LLC	·
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13084 Clay Ave, Largo FL 33773
(Principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	13084 Clay Ave, Largo FL 33773
B. If amending the registered agent and/or registere- registered agent and/or the new registered office address	d office address on our records, enter the name of the n
	— Eon
Name of New Registered Agent:	5 5 5
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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kori McMahon	13084 Clay Ave Largo FL 33773	= Add
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			☐ Change
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Effective date,	if other than t	he date of fili	ng:			(optional)		
fan effective date Note: If the date document's effective	e inserted in this	block does not	t meet the appli	cable statutory f	or more than 90 o iling requirem	lays after filing.) ents, this date v	Pursuant to vill not be	605.020° listed as
ne record spe The 90th da	cifies a delay By after the r	ved effective ecord is filed	date, but no	ot an effectiv	e time, at 1	.2:01 a.m. c	on the ea	rlier o
Dated12-29	D-2016		-, [<u>_</u> .				
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Filing Fee: \$25.00