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JAN 1 5 2019 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: Florida Kayak Fishing, 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:
Erica M. Lytle Name of Person
Finn/Company Fishing, UC
8248 Montaiban St.
Navarre, Florida 325lele City/State and Zip Code 111e. erica e gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Erica Lytte at (850) 2418840 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Begin{array}{c} \$30.00 Filing Fee & Barbara

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on <u>OS - AA - A</u>	O17 and assigned
Florida document number <u>U17000 112531</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Navarre Kayak Fishir	Ja, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" o	or the abbreviation FL.L.C."
Enter new principal offices address, if applicable:	<u>nja</u>	
(Principal office address MUST BE A STREET ADDRESS)		
		<u>ين</u> ف <u>بين</u>
		PH Q
Enter new mailing address, if applicable:	ala	0; 6 ; 2
(Mailing address MAY BE A POST OFFICE BOX)		Unit 4
B. If amending the registered agent and/or registered offi	ion address on our manado	anton the name of the ne
registered agent and/or the new registered office address here:		enter the name of the ne
Name of New Registered Agent:	n/a	
New Registered Office Address:		
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 provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	January Ole 2019 Signature of a member or authorized representative of a member
	Erica Lytte Typed or printed name of signee

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Filing Fee: \$25.00