U7000/23568

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Reel Action Grouper 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:	
MAYK MAYS Name of Person	
ROOL ACTION EVOLEPELL	<u>ic</u>
3937 Plumosa. Dr.	
St James City F/3 City/State and Zip Code	3956
Marke Marsh Moor E. Com E-mail address: (to be used for future annual report notification)	. -
For further information concerning this matter, please call:	# 14 # 77
MARK L. MARS A at (GOLF) 838-79 Name of Person Area Code Daytime Teleph	
Enclosed is a check for the following amount:	<u>දා</u> දැන් ද ක
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status □ Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Compan A Florida Limited Li	ORV LLC Sas it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L / 7000 / 23</u>		were filed on <u>7</u> -	14-2017	and assigne	:d
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	lity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the design	ation "LLC" or the abbi	reviation "L.L.C."	
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	<u>r Address)</u>				
Enter new mailing address, if applicable:	9.030				· .
(Mailing address MAY BE A POST OFFICE E	<u>50x)</u>)	- 1,
B. If amending the registered agent and/o			r records, enter t	he name of t	he new
registered agent and/or the new registered off	ice address here	:		20	
Name of New Registered Agent:	Mar 39371	K Mar	sh		:
New Registered Office Address:	21711	Enter Florida si	rvet address		
	St Jam	City	, Florida <u>3</u>	3956 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>	Address	Type of Action
AMBR	Anthony D. French	2001 Gasparilla Rd 8-49	Add
		Placida, F1 33946	Remove
		·	🗖 Change
AMBR	Alfred W Barnhill	2101 NE 15+h 5+	D Add
		Cape Coval, Fl. 33304	Remove
			Change
MGR	CAtherine & French	zool Gasparilla Rd, G49	
		Placida, F1.33946	Remove
		 -	□ Change
			D Add
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te: If the date	inserted in this b	olock does not n	neet the appli	cable statutory f	iling requireme	nts, this date w	ill not be listed
nument's effec	tive date on the I	Department of S	itate's records	i,			
rocard ena	cifies a delaye	nd affective c	date hut no	nt an effectiv	e time, at 1	2:01 a.m. oi	n the earlier
he 90th da	y after the re	cord is filed.	race, but in	Je dir circeer	e imite, de 1		
ted				·			
	\sim	Signature of a s	2				
		7 9	11/1-	$\boldsymbol{\lambda}$			
	<i>V</i> /o	Signature of a i	member or auth	norized representa	tive of a member	-	

Page 3 of 3

Filing Fee: \$25.00