## 117000149221

(Requestor	's Name)
(Address)	
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(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
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S. WARREN AUG 2 2 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Racks and Reels Out Fitters 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:
Joel Long Name of Person
Name of Person  Rachs and Reels Out Fitters LLC  Firm/Company
1795 mandarin Estates Dr Address
Jack Son ville FL 32223  City/State and Zip Code  35 H / Chery (a) ATT. NeT  E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Soel Long at 904 591-3748  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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**

Racks and Ree  (Name of the Limited Liability Company)	ly as it now appears on our records.) iability Company)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company of Torida document number 47000149221	were filed on $\frac{7-11-2017}{2017}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
35 Archery and Outdoor The new name must be distinguishable and contain the words "Limited Liabili	S LLC
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	1795 mandarin Estates Dr
Principal office address MUST BE A STREET ADDRESS)	1795 mandarin Estates Dr Jacksonville Fl 32223
Faton now mailing address if anniholds	Same as above
Enter new mailing address, if applicable:	34ME 43 400VC
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	AUG 2
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	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, Monature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00