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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer:	
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Office Use Only



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TALLAHASSEE TLORIDA

D. SCOTT NOV 6 LIM

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Tackle M	ladness LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Exodus	Holdings Grap	, LLC
	1010 Pa	ork Ot, Gunit	
	Safety Har	City/State and Zip Code	5
	Horne Sc.	to be used for future amount report nout	UM ication)
For further information of	concerning this matter, please c	all:	
Jarrett	Thorne	at (<u>252</u>) <u>363 –</u> Area Code Daytimo	U 380 Et E
Enclosed is a check for t	he following amount:		-3 P
\$25,00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fffing.Fee. Certificate of StateR & Certified,Copy (additional copy is enclosed)
Regist Divisio P.O. B	JNG ADDRESS: ration Section on of Corporations fox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2664 Executive Ce Tallahassee, FL 32	n ations mer Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tackle Madness 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 8942017 and assign Florida document number $L17000181212$.	ied
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 "LLC"	
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 registered agent and/or the new registered office address here:	the new
Name of New Registered Agent:	Π =
New Registered Office Address: Enter Florida street address	IL O
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.	and

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed f	Authorized Person(s) authorized to margin our records:	anage, <u>enter the title, name, and address of eac</u>	h person being added
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jarretthorne	2171 Lagron Dr. Dunedin, FL 34698	Add
		Dunedin, FL 34698	Remove
			□ Change
<u>merr</u>	Exidus Holdings Group	Safety Harbor, Fl 34	t Durie ti
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Filing Fee: \$25.00