L17000003316

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	ntion Section of Corpo				
SUBJECT:	Rumblef	ish, LLC			•
		Name of lim	ated Exability Company		
The soulessed Am	·-1	nendment and fee(4) are sub	and the state of		
		ence concurring this resiler			
	·		_		
		John Garrett	Name of Person		
		Rumblefish, LLC	· · · · · · · · · · · · · · · · · ·		
		Rumbiensh, Ltc	Fund Company		
		1985 Newmark Cir,	SW		
			Address		
		Vero Beach, FL 329	968		
		21peaks@gmail.co	City/State and Zip Code M		
			to be used for future amount	report notificat	iem)
For further inform	nation conc	eerning this matter, please cr	bil:		
John Gar	rrett		at (772)	480-1583	
-1	Name of Po	reor	Area Code	Daytime 1:	lephone Number
Enclosed is a che	ck for the f	ollowing ansount:			
□ \$25,00 Filing	; Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (add/word cupy is ex-		☐ \$60.00 Filing Fec. 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rumblefish, LLC		
(Same of the Limited Liability Co.	mpany as it now appears on our records.) ived Liability Company)	_
The Articles of Organization for this Limited Liability Compared number <u>L17000203316</u>	October 2, 2017	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited to Rumblefish Tackle Outlet, LLC	tability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation	a "L.L.C "
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
STORMAN MARKET STATE POLICY OF STATE DOOR	***	
Name of New Registered Agent: New Registered Office Address:	N/A Enser Horaia stress address	
	Cuy Zb Co	ode
New Registered Agent's Signature, if changing Registered Ages	p <u>t.</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, and I am familiar as provided for in Chapter 605, F.S. Or, if this d	with and ocument is
ii C	hanging Registered Agent, Standage of New Registered A	Teal
Pag	ge 1 of 3	ZOITOC

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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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

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(If an offer Note:)	we date, if other than the date of filing: (optional) rive date is fixed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limit's effective date on the Department of State's records
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.
Dated	10/11/17
	Die
	Signature of a member or authorized representative of a member
	John Gar rett
	Typed or primed minural signed
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