

L17 000248350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

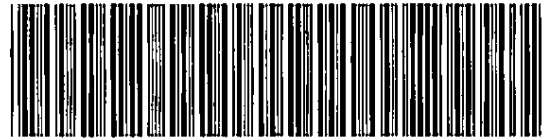
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900340940469

02/20/20--01019--012 **25.00

FILED
2020 FEB 20 PM 3:37
ALABAMA STATE
JUDICIAL SYSTEM

O SIMMONS
MAR 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Threat Angler 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:

Dena Perkins

Name of Person

Threat Angler LLC

Firm/Company

204 4th Ave North #423

Address

Indian Rocks Beach, FL 33785

City/State and Zip Code

dena@threatangler.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dena Perkins

785 550-2608
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Threat Angler 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 12/05/2017 and assigned Florida document number L17000248350.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

304 14th Ave North

Indian Rocks Beach, FL 33785

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

204 4th Ave North #423

Indian Rocks Beach, FL 33785

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Perkins

New Registered Office Address:

304 14th Ave North

Enter Florida street address

Indian Rocks Beach

Florida 33785

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	John Perkins	304 14th Ave North	<input checked="" type="checkbox"/> Add
		Indian Rocks Beach, FL 33785	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dena Perkins	304 14th Ave North	<input type="checkbox"/> Add
		Indian Rocks Beach, FL 33785	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECURITY STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02-20-20 BY 60322 UCBAW/STP
2020 FEB 20 PM 3:37
ED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 FEB 20 PM 3:37
SPUR
DATE
TIME

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 17, 2020

Dena Perkins

Signature of a member or authorized representative of a member

Dena Perkins

Typed or printed name of signee