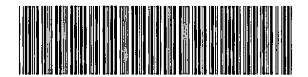
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COVER LETTER 2

	egistration Se Division of Cor		•	
21151527		e Fishing Outfitters, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Daniel Schuttler		
			Name of Person	
		South Shore Fishing Outfit	ters LLC	
			Firm/Company	
		5014 Inshore Landing Dr		
			Address	
		Apollo Beach, FL 33572		
		•	City/State and Zip Code	
		schuttlerd@yahoo.com	to be used for future annual report r	outlination)
For further	r information c	oncerning this matter, please ca		with career)
Daniel Sch		wheeling and matter, preuse ex	407 538-6987	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	S30.00 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)
	<u> Iailing Addres</u> Legistration S		Street Address: Registration	
D	Division of C	orporations	Division of C	Corporations
Р	P.O. Box 632	1	The Centre o	i i ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Shore Fishing Outfitters 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 $\frac{01/18/2018}{1}$ Florida document number _ L18000005473 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: South Shore Farm and Fish LLC 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Remove
			□Add
			□Remove
			□Add
			□Remove
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ective date, if other than th	e date of filing:	020	(optional)	
effective date is listed, the date mu	ist be specific and cannot be p	prior to date of filing or mor	e than 90 days after filing.) Pr	arsuant to 605.020
te: If the date inserted in this b			requirements, this date wi	ii not be listed as
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cord specifies a delayed effecti	ve date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
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Filing Fee: \$25.00