L18000056279

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOOK-N-LINE CHARTEN, 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:
ARRIE S. BEIGH Name of Person
Firm/Company
35180 Washington Loop Rd.
PUNTA GORDA, FL 33982
City/State and Zip Code CSWhitney 1960 DyAhoo COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
[ARRIE S. BEICH at 941, 575-0153
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$\Bigcu

MAILING ADDRESS:

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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

(Name of the Limited Liability Compa (A Florida Limited L	Charter, LCC ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/800005627</u> .9	were filed on $\frac{3/2/2018}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	hing LLC) (1
Trincipal office address MOST DE A STREET ADDRESS	PUNTA GORDA, FL 33982	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	35180 WAShington Loop Bo PUNTA GORDA, FL 33982	1.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		<u>r</u>
Name of New Registered Agent:	SASSITION TO THE SASSIT	
New Registered Office Address:	Enter Florida street address	
	Florida Om	
	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

Title	Name	Address	Type of Action
			☐ Remove
			☐ Change
			🖸 Add
			□ Remove
			☐ Change
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			HASSEE FLORIDA
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E Effectiv	ve date, if other than the date of filing: $\frac{13/29/19}{3/29/19}$ (optional)	
(If an effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	it to 605.00 be listed
	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier
(b) The	90th day after the record is filed.	
Dated _	3/21/ 2019	
	$\langle \bigcirc, \rangle$	

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Filing Fee: \$25.00