L1800115391

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		orpedoes LLC		
SOBJECT		Name of Lim	ited Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter	•	
		Jason M. Hedges		
			Name of Person	
		Damn the Torpedoes LLC		
			Firm/Company	
		2510 NE 10th Street		
			Address	
		Gainesville, Ft. 32609		
			City/State and Zip Code	
		jasonhedgesmusic@gmail.c	om to be used for future annual report notifi	icution
For further i	nformation c	oncerning this matter, please ca		(Cathri)
Rick Fabian	i		202 250-9919 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 F	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

TO: Registration Section

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

DAMN THE TORPEDOES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number £18000115391	were filed on MAY 8, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	liv Company "the designation "LLC"	or the abbreviation "L.L.C."
The new name must be distinguishable and condin the words. Entitled Elabi		
Enter new principal offices address, if applicable:	2510 NE 10th Terr	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32609	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LED M & 10
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records. ee:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	. Flo	orida
	City	Zıp 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. Thereby 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sarah Hedges	2510 NE 10th Terr	Add
		Gainesville, FL 32609	Remove
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an effective date is listed, the da	ate must be specific and can	ot be prior to date of fi	ling or more than 90 days	ptional) after filing.) Pursuant to 605.020
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e record specifies a de	laved effective date	, but not an effe	ctive time, at 12:0)1 a.m. on the earlier o
The 90th day after th		,		
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Typed or printed name of signee

Filing Fee: \$25.00