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(Re	questor's Name)	
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COVER LETTER

	gistration Sec vision of Corp			•
		now and Bait LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclose	d Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		Justin T Dix		
			Name of Person	
		Mobile Minnow and Bait	LLC	
			Firm/Company	
			Address	
		Middleburg, FL 32068		
		<u> </u>	City/State and Zip Code	-
		Justin.dix@aol.com		
			o be used for future annual report notifica	ation)
For further	information co	oncerning this matter, please ca	all:	
Justin T D			904 703-8268 at () Area Code Daytime T	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Minnow and Bait LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L18000116896	y Company were filed on May 9th 2018	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
Mobile Minnow and More LLC		
he new name must be distinguishable and contain the words "l	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 AD	DRESS)	<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1918 SE
B. If amending the registered agent and/or re	gistered office address on our records, ent	er the name=of the
registered agent and/or the new registered office a	ddress here:	
		0
Name of New Registered Agent:		
New Registered Office Address:		10: 10:
	Enter Florida street address	5
	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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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ffective date, if other than to an effective date is listed, the date	he date of fill must be specific a	ing: and cannot be pri	or to date of filir	g or more than 9	(optional 0 days after filin) g.) Pursuant to 605.	0207
Note: If the date inserted in this document's effective date on the	; block does no : Department o	t meet the appl f State's record	icable statutor is.	y filing require	ments, this dat	e will not be liste	d as
e record specifies a delay The 90th day after the r			not an effect	tive time, at	12:01 a.m.	on the earlie	er of
July 3rd Dated		2018					
vallu	_	_,	·				

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Typed or printed name of signee

Filing Fee: \$25.00