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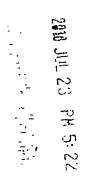
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JUL 28 2018

COVER LETTER

TO! Registration Se Division of Cor				
SUBJECT: Wi	d Water Fly Name of Lim	Fishing LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Karen	vanLith Name of Person		
		Name of Person		
		Firm/Company	,	
	Mur	ina Village, 490	5 34th Street S	# 14
	St. I	Petersburg FL City/State and Zip Code	33711	
		no goetzapel. Co		
For further information of	oncerning this matter, please ca	all:		
<u>Karen</u> va	n Lith f Person	at (<u>612</u>) <u>709</u> - Area Code Daytime	- 7222 c Telephone Number	
Enclosed is a check for th	ne 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

Wild Water Fly Fishing, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
APEL Worldwide, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here:
ි දිව ස
Name of New Registered Agent:
Now Projectored Office Address:
New Registered Office Address: Enter Florida street address Enter Florida street address
ニュース (Florida エディング)
City $\frac{2\pi}{2\pi} = Zip$ (tode
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
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
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
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			Change
			Add
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Filing Fee: \$25.00