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Special Instructions	s to Filing Officer:	
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COVER LETTER

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CHD ICCT.		FISHING GEAR, LLC	_	6°	•	
SUBJECT.	•	Name of Lim	ited Liability Company			
Ti i i			to be off			
The enclosed	Articles of	Amendment and fee(s) are sub	milled for liling.			
Please return	all correspo	indence concerning this matter	to the following:			
		NIURKA CIRES				
			Name of Person			
		PRO DOG FISHING GEA	AR, LLC			
			Firm/Company			
		13499 SE 102ND COURT				
			Address	····		
		BELLEVIEW, FL 34420				
			City/State and Zip Code			
		PRODOGFISHING@GMA				
			to be used for future annual rep	oort notification)		
For further in	iformation c	oncerning this matter, please co	all:			
NIURKA CI	IRES		352 426-6	5898		
	Name o	f Person		Daytime Telepho	ne Number	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Add</u> Registrati	ress: on Section			
Division of Corporations		Division of Corporations				
P.C). Box 632	7	The Centi	The Centre of Tallahassee		
Tal	lahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO DOG FISHING GEAR, LLC

7820 JULI - 1 FH 5: 07

(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 E	iability Comp	pany were filed on June 0	5, 2018	and assigned
Florida document number L18000139811				
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name o	of the limited	liability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited 1	Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREI	ET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		ice address on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida	streot address	
			Florida	
		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 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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	2020 JUN -1	PN 5: Type of Action
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