# 118000182984

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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	d Up Fishing Name of Min	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyler She Wired Up	Name of Person	
	Wird Up	Firm/Company	
		Singer de Address	
	Ft Walton	Brach FL 325 City/State and Zip Code	
	Wiredan Fishin E-mail address: (	ng amail com	fication)
For further information c	concerning this matter, please ca		
JHGJHGJKHGKKK / Name c	Verson Short	at ( <u>850</u> ) <u>830-17</u> Area Code Daytime	(C) e Telephone Number
Enclosed is a check for the	he 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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on July 31, 2018 and assi	igned
Florida document number <u>L18000182984</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.I	C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
	TUG.	OR OR
	20	TAR OF C
Enter new mailing address, if applicable:	70	SR CC
(Mailing address MAY BE A POST OFFICE BOX)	<u>ښ</u>	SI. OR A
	5	35
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, enter the name of	of the nev
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with	h and

If Changing Registered Agent, Signature of New Registered Agent

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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	Kately H Short	-36F	
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			☐ Change
MAR	Tyler W Short	369 Blessinger dr. F 32547	t halten, FL BAdd
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.	cable statutory fil	more than 90 days		
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective	e time, at 12:0	1 a.m. on the ea	rlier d
ated August 17	·			
Signature of a member or author	iorized representati	ve or a member		

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Filing Fee: \$25.00