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COVER LETTER

HOOK & F SUBJECT:	REEL FISHING, LLC		
	Name of Limi	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:	
	NATHAN A. LEIGH		
		Name of Person	
	HOOK & REEL FISHING	, LLC	
		Firm/Company	
	13072 QUINCY BAY DR.		
		Address	*****
	JACKSONVILLE, FL 322		
	NATHANLEIGH33@YAH	City/State and Zip Code	··········
	E-mail address: (t	to be used for future annual report n	otification)
For further information of	oncerning this matter, please ca	all:	
NATHAN A. LEIGH		904 302-3086	
Name o	f Person	at () Area Code Dayt	time Telephone Number
Enclosed is a check for the	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

TO:

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

HOOK & REEL FISHING, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on August 27, 201	8 and assigned
Florida document number L18000205184	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	Ö
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, , , , , , , , , , , , , , , , , , ,
(Principal office address MUST BE A STREET ADDI	RESS)	
		رن ا
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
		-
B. If amending the registered agent and/or regis		rds, <u>enter the name of the n</u>
registered agent and/or the new registered office add	l <u>ress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
		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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ERIK E. EKHOLM		
		2993 Gerona Dr. W.	
		Jacksonville, FL 32246	Remove
			☐ Change
			П Remove
			Change
			Add
			Remove
			Change
			□ Change
			7.0
			Remove
			☐ Change
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ctive date, if other than the d	ate of filing:	(1)	(optional)
effective date is listed, the date must be: If the date inserted in this blooment's effective date on the Dep	ck does not meet the applicable		
ecord specifies a delayed ne 90th day after the reco	effective date, but not a rd is filed.	n effective time, at 12:	01 a.m. on the earlier
December 18	2018		
\·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00