

L18000222891

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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18 SEP 24 AM 9:30
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
18 SEP 24 PM 4:58

K. SALY
SEP 25 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 409953 98373A

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : September 24, 2018

ORDER TIME : 3:21 PM

ORDER NO. : 409953-005

CUSTOMER NO: 98373A

DOMESTIC AMENDMENT FILING

NAME: FLORIDA HUNTING, FISHING,
AND OUTDOOR ADVENTURE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA HUNTING, FISHING AND OUTDOOR ADVENTURE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Christian Sautter

Name of Person

Seiler, Sautter, Zaden, Rimes & Wahlbrink

Firm/Company

2850 North Andrews Ave.

Address

Wilton Manors, FL 33311

City/State and Zip Code

csautter@seisau.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Christian Sautter 954 568-7000
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
18 SEP 24 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA HUNTING, FISHING AND OUTDOOR ADVENTURE, LLC

(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 09/19/2018 and assigned
Florida document number 118000222891.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLORIDA HUNTING, FISHING AND OUTDOOR ADVENTURES, LLC

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:

NA

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

NA

(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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

Enter Florida street address

City, 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

18 SEP 24 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
NA			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

FILED

18 SEP 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 26, 2018

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 24, 2018



Signature of a member or authorized representative of a member

C. Christian Sautter as Authorized Representative

Typed or printed name of signee