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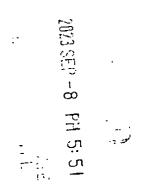
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(Address)					
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COVER LETTER

`O :	Registration Sec Division of Corp		•	.5
UBJE	ir. Wile	e Morse Vis	hina LLC	
·UDJE,	C1: <u> </u>		nited Liability Company	
`he enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
'lease r	eturn all correspor	idence concerning this matter	to the following:	
		Michael V	Name of Person	
		Mike Me	Firm/Company	
		2603 Hea	Wherwood Or Address	
		Tamps 1	City/State and Zip Code	
			elnnovations e	amail.com
or furt	ner information co	ncerning this matter, please c		
/. · /	ico War	.	ar (813) 928.3	ا ماما
<u>, </u>	Name of	Person		e Telephone Number
nclose	d is a check for the	e 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 So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations
			Tallahassee, FL	. 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Wike Morse Fishing LLC

ompany has been notified in writing of this change.

Wike Morse Fishing (2023 SEP -8 PH 5:51	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records lability Company)	P)	
The Articles of Organization for this Limited Liability Company Torida document number 4 1900053388	were filed on <u>2 - 25 - 20</u>	and assigned	
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company here:		
Mike Morse LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Inter new principal offices address, if applicable:	Same		
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:	Same	······································	
Mailing address MAY BE A POST OFFICE BOX)			
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter (</u>	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
lew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office	performance of my duties, and rovided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

f 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> </u>	Name	<u>Address</u>	Type of Action
			□Add
			□Change
			□Add
			□ Change
			
			□Remove
			☐ Change
			□Add
			ПRеточе
			□Change
			
			□ Remove
			□Change
			□Add
			□Remove
			□Change

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