6/14/2019

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

表さ

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STEEL FISHING LLC

Certificate of Status	0
Certified Copy	1
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JUN 17 2019



## **COVER LETTER**

TO: Registration S Division of Co	Section orporations		~ <b>≈4.</b> 7 °		
STEEL (	FISHING LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles (	of Amendment and fee(s) are subn	nitted for filing.			
Please return all corres	pondence concerning this matter t	o the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.				
	<u> </u>	Firm Company			
	101 N. Brand Blvd., 11th	n Floor			
		Address		2019	
	Glendale, CA 91203			2019 JUN 14	
		City/State and Zip Code			7===
	tspangle123@yahoo.com	to be used for future annual report notificat	ioni		
For further information	n concerning this matter, please ca			11 11 11 11	
Cheyenne Moseley		800 773-0888 ext. (	9724		
	e of Person	at ()	lephone Number		
Enclosed is a check fo	r the following amount:				
□ \$25.00 Filing Fee		\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	ILING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEEL FISHING LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	d on 05/09/2019 and assigned
Florida document number 4.19000126249	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and end with the words "Limited Liability Comp	oany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2019
(Mailing address MAY BE A POST OFFICE BOX)	
	F (-2
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	iress on our records, enter the name of the
	<del>-</del> -
Name of New Registered Agent:	, <u>, , , , , , , , , , , , , , , , , , </u>
New Project of 1000 at Address	
New Registered Office Address:	Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	SPANGLE, KENNETHR	7434 BIMINI DR.	
		PORT RICHEY, FL 34668	<b>☑</b> Remove
AMBR Kenneth R. S	Kenneth R. Spangler	7434 BIMINI DR.	<b>E</b> Add
		PORT RICHEY, FL 34668	Remove
			Remove
			:- D Add
			Remove
			□ Add
			Remove
			Add
			☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets	, if necessary.)
E. Effective date, if other than the date of filing:	_ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florids Department of State)	90 days after
Dated 6-10, 2019.	
fundh R Sofo	
Signature of a member in authorized reprocessarios of a member	Г
Kenneth R. Spangler	

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Filing Fee: \$25.00