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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

		ation Sect n of Corpo						
CHBIEC		ue Angler I	Performance LLC.					
SUBJEC	·1:		Name of Lim	ited Liability Company	<del></del>	<del> </del>		
The enclo	sed Ar	ticles of Ar	mendment and fee(s) are sub-	mitted for filing.				
Please ret	urn all	correspond	lence concerning this matter	to the following:				
			Cristina Tourino					
				Name of Person	<del></del>			
	Blue Angler Performance LLC.							
Firm/Company						<del>-</del>		
			9320 Woodhurst Drive					
			Address					
			Naples Fl 34120					
			City/State and Zip Code					
			anglerstide@gmail.com  E-mail address: (to be used for future annual report notification)					
For furthe	er infor	mation con	e-man address: (i		eport notification)			
Cristina 1	Fouring				-8898 Daytime Telepho			
		Name of P	erson	Area Code	Daytime Telepho	one Number		
Enclosed	is a che	ck for the	following amount:					
\$25.0	0 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Angler Performance LLC			
(Name of the Limit	ted Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited L		vere filed on 5/22/2019	and assigned
Florida document number L19000137897	··		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabili	ty company here:	
Anglers Tide LLC.			202
The new name must be distinguishable and contain the w	vords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		n/a	
(Principal office address MUST BE A STREE	ET ADDRESS)		
			1: 2! Load
Enter new mailing address, if applicable:		n/a	<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)		
			<u></u>
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our records,	enter the name of the new registere
	<u> </u>		
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		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 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
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ective date, if other than the d effective date is listed, the date must be	ate of filing:	annat ha maian ta	data C C1:		(options	al)	
<u>e:</u> If the date inserted in this bloc	k does not me	et the applical	ole statutory fi	r more man 90 da ling requireme	iys after hii nts, this di	ng.) Pursus ste will no	ent to 603.02 of be listed
ument's effective date on the Dep	artment of Sta	ite's records.					
cord specifies a delayed effective of filed.	late, but not a	n effective tim	e, at 12:01 a.r	n. on the earlie	r of: (b)	The 90th	day after th
ed May 4		2021					
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