# 619000153700

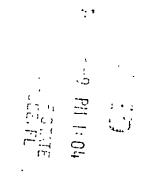
(Requestor'	s Name)
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13. HUNT 09/09/24

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wilson Sportfis Name of Lin	hing LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Gina Wilson Name of Person	
Wilson Sportfishing LLC Firm/Company	
Firm/Company 214 15 <sup>th</sup> Ave N	
Address	
St Rtersburg; FL 33704 City/State and Zip Code	
Wilson sport fishing a gmail. com E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	rall:
Parker Wilson at (	540 ) 247 - 7037  Area Code & Daytime Telephone Number
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 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
□ \$25 Filing Fee	\$ \$55 Filing Fee & Certified Copy

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# **COVER LETTER**

TO: Registration Se Division of Co				
	Ison Sportfishing	110		
SUBJECT: VVI	1204 760++; zh; Ua	ited Liability Company		
	Name of Lim	nted 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:		
	Gin	Name of Person  Offishing LLC  Firm/Company		
		Name of Person		_
	Wilson Sp	ortfishing LLC		
		Firm/Company		_
	214 15th	Ave N		. •
		Address		- ::
,		; FL 33704 City/State and Zip Code		PH 1: 04
		City/State and Zip Code		
	Wilsonsp	ortfishing a gmail to be used for funde annual report	, com	ENTER T
			t notification)	
^	concerning this matter, please of	all:		
Parker	Wilson	ar (548 ) 21	47-7087	•
Name o	of Person	Area Code D	47 - 7087 aytime Telephone Numbe	er'
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		rate of Status &
		(additional copy is enclosed		al copy is enclosed)
Mailing Addres	:c·	Street Addre	cr.	
Registration !	<del></del>	Registration		
Division of C	Comporations	Division of	Comorations	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilson Sportfis	hing LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000153700</u> .	were filed on06/10/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	7 h
	· .	3
Enter new mailing address, if applicable:		; 
(Mailing address MAY BE A POST OFFICE BOX)	רון : יוט :	<u> </u>
	(**C)	- <del>-</del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ान address on our records, <u>enter the name</u>	,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	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>	Name	Address	Type of Action
MGR	Parker Wilson	151 7th St S, St Rhosburg Fl 3370	<u>N</u> <b>X</b> Add
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ffective date, if other than the date of f fan effective date is listed, the date must be specificate: If the date inserted in this block does rocument's effective date on the Department	ic and cannot be prior to not meet the applical	o date of filing or mo	coption (option) (opt	filing.) Pur	suant to 6 not be l	505.0207 isted as
			the earlier of th	The 90	th day at	fter the
record specifies a delayed effective date, but I is filed.	t not an effective tin	ie, at 12:01 a.m. oi	raic carner or. (b)			
l is filed.			raic carner of: (b)			
record specifies a delayed effective date, but d is filed.  Dated September 3  Signature of the specifies and specifies a delayed effective date, but discount discounting the specifies and delayed effective date, but discounting the specifies a delayed effective date, but discounting the specifies and delayed effective date.			raic carner of: (b)			

Filing Fee: \$25.00