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MAR 1 0 2020 S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: -TCU'S BATT + TACKLE STORE 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:
JEFFREY L PARSONS Name of Person BUTCH'S FISHING CHARTERS UCC Firm/Company
ORLANDO F-L 3282 City/State and Zip Code Dar So @ ap Com Small address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEFFREY L DARSINS at (407) 925 5496 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

BUTCH'S (30)	d Liability Compa A Florida Limited	ny ay it now appears (Lability Company)	OR OUT records.)	
The Articles of Organization for this Limited Lia Florida document number 58-80178	ibility Company	were filed on	7-9-2019	and assign
This amendment is submitted to amend the follo-	wing:			
A. If amending name, enter the new name of SUTCHS (15 K) (15 K) (2) The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	CLACTE (ds "Limited Liabil ble:	ity Company," the desi	gnation "I.I.C" or the abb EREZ ST OC FLOR 328	RIET
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address	<u>nere</u> :			
Name of New Registered Agent:	JERF	Pty L	PARSON	(
New Registered Office Address:		Enter Florida	PERTI	STRIFT
	CRUANE		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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing:		
(If an effective date is fisted, 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 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. 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 ord is filed. Dated		
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