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(Re	questor's Name)	• · · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificate:	s of Status
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## **COVER LETTER**

	ision of Cor			
uid illem	A.D.M. M	ailles Live Bait LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return	all correspo	ondence concerning this matter	to the following:	
		Annette Milles		
			Name of Person	
		A.D.M. Mailles Live Bait LL	С	
			Firm/Company	
		1281 Grove Av.		
			Address	
		Tarpon Springs FL, 34689		
		mikesbluecrab@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
or further is	nformation c	oncerning this matter, please c	all:	
Annette Ma	illes		727 485-4123	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for t	he following amount:		
□ \$25.00 F	îling 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 Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.D.M. Mailles Live Bait LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears on ou Liability Company)	r records.)		-	
The Articles of Organization for this Limited   Florida document number L19000232370	Liability Company	v were filed on Septemb	per 11, 2019	and a	assigne	d
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited lial	oility company here:				
No Change						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designat	on "LLC" or the abbi	eviation '	·L.L.C.	
Enter new principal offices address, if applicable:		No Change		, '-	201	
(Principal office address MUST BE A STRE			-	고 -	<del>5</del>	···,
				<u>-</u>	<u>-</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		No Change		- ,	3	
				<del>:</del> .	<u>&amp;</u>	
B. If amending the registered agent and	d/or registered o	office address on our	records, enter t	he nam	e of t	— he ne
registered agent and/or the new registered	* ·		, <u>——</u>			_
Name of New Registered Agent:	No Change					
New Registered Office Address:	No Change					
The Magneton Office Hamilton		Enter Florida stre	et address			
			, Florida			
		City	, 1 11/2-11111	Zip Сос	le —	
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>				
I hereby accept the appointment as register provisions of all statutes relative to the pro						

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Mailles	1281 Grove Av. Tarpon Springs, FL 34689	
			☐ Remove
MGR	Annette Mailles	1281 Grove Av. Tarpon Springs, FL 34689	
			□ Remove
			Change
MGR	Dalton Mailles	1281 Grove Av. Tarpon Spring, FL 34689	Add
			Remove
			■ Change
			☐ Remove
			□ Change
			Remove
			Change
			□ Remove
			☐ Change

Effective date, if other than the date of filing:  If me effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated  11-13-2019  Annette Mailles	-	
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 695.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 The 90th day after the record is filed.  Dated  11-13-2019  Nignature of a member or authorized representative of a member	-	
Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 The 90th day after the record is filed.  Dated  Nignature of a member or authorized representative of a member	-	
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Signature of a member or authorized representative of a member	Dated	11-13-2019
	17dica	annette Maille
Annette Mailles		Signature of a member or authorized representative of a member
		Annette Mailles

Page 3 of 3

Filing Fee: \$25.00