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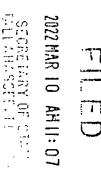
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE |
| MAR 2 1 2022 |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | 5. 1. | |
|--------------|--------------------------------------|--|--|-----------------|---|
| | | | • | • | |
| SUBJ | ECT: <u>NETTLES I</u> | SLAND FISHING CHARTE Name of Lim | RS LLC : ited Liability Company | | |
| The er | nclosed Articles of A | amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspon | dence concerning this matter | to the following: | | |
| | | ROBERT REID JR | Name of Person | | |
| | | | (Valle of 1 crson | | |
| | | NETTLES ISLAND FISH | ING CHARTERS LLC Firm/Company | | |
| | | 603 NETTLES BLVD | Address | <u> </u> | |
| | | | | | |
| | | JENSEN BEACH FL 3495 | City/State and Zip Code | | |
| | | JOE@TAXSHOPPEFLA.C E-mail address: (I | OM to be used for future annual re | eport notificat | ion) |
| For fu | rther information co | ncerning this matter, please ca | all: | | |
| ROBE | ERT REID | | at (772) 301- | -3144 | |
| KODI | Name of | Person | Area Code | | lephone Number |
| Enclos | ed is a check for the | following amount: | | | |
| ≡ \$2 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclo | | S60.00 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POZZHAR 10 AH 11:07

SECREJANY OF STAND

NETTLES ISLAND FISHNG CHARTERS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company w | vere filed on <u>09/30/20</u> |)19 | and assigned |
|--|-------------------------------|------------------------|-----------------------|
| Florida document number <u>L19000245391</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | | |
| MAD FISH LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designa | tion "LLC" or the abbi | reviation "L.L.C. |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| The state of the s | lduser on our rooms | le antar tha nama | of the new registered |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: | iaress on our record | is, enter the name | or the new registeres |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Florida str | reet 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 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 ot | her than the date ed, the date must be sp | of filing: <u>02/19/2</u> | .022 | r or more than 90 (| (optional) | suant to 605.020 |
| errective date is its | ed, the date must be sperted in this block d | oes not meet the ar | plicable statutory | filing requirem | ents, this date will | not be listed as |
| ument's effective | date on the Departi | nent of State's reco | ords. | | | |
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| cord specities a d | elayed effective date | hut not an effecti | ve time, at 12:01 a | a.m. on the earli | er of: (b) The 90 | th day after the |
| s filed. | | | | | | |
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| ed <u>FEB_19</u> | | · 2022 | | _ | | |
| | .//9 | 7/1/ | | | | |
| | Sign | nure of a member or | authorized represen | tative of a member | | |
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| | ING MEMBER | 11000 | I INDIA | , | | |