## L200000 45385

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## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	easive bland I	Soit and Tock   ited Liability Company	e LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	James Be	Name of Person	
		land Bait and Firm/Company	Tockle L.L.C.
	6576 Cent	hal Ave Address	
	Strete	Sburg FL 337	707
	Joek beding (	Sbug FL 337 City/State and Zip Code SB Q gmi/- Com o be used for future annual report no	lification)
For further information c	oncerning this matter, please ca	all:	
Junes Name of	Bedin Person	at ( <u>727</u> ) <u>337</u> Area Code Daytir	06/2 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing 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)

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

1 reusure Islano	Bait and la	che L	<u> </u>
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	<u>records.</u> )	
The Articles of Organization for this Limited Liability C Florida document number <u>12,0000 45385</u>	ompany were filed on <u>2/07</u>	1 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
		<u> </u>	2
Enter new mailing address, if applicable:			FEB 2
*			-
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del>3</del>
		= 1.	- <del> </del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records,	enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
	City	, Florida	Zip Code
	V.,		raji NAME

## 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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		St Petersburg FL 33707	□Remove
			□Change
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Sective date, if other than the date of filing: 21 FEB 2020 in effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ie or more man so		ling.) Pu		
ecord specifies a delayed effective date, but not an effective time, at 12:01			The 90	Oth day	after the
s filed.					
s filed.					
is filed.  Ited February 2/st 2020  Signature of a member or authorized representation of signature of signat					