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COVER LETTER

SUBJEC	FINATIC S	SPORTFISHING, LLC				
		Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		BLAKE OBER				
	Name of Person					
		COX & COMPANY				
			Firm/Company		e of Status & Copy	
	Elosed Articles of Amendment and return all correspondence concerning BLAKE OB COX & COM 1005 W. INI JUPITER, F BLAKE@COM E OBER Name of Person Ed is a check for the following amode of Succession of Succe	1005 W. INDIANTOWN I	RD, #202			
	Address					
JUPITER, FL 33458						
		BLAKE@COXANDCOME				
		E-mail address: (9	notification)			
For furth	er information c	oncerning this matter, please ca	all:		20	
BLAKE	OBER		561 747-8266 at ()		-5	- <u>-</u>
Name of Person			time Telephone Number		. [
Enclosed	is a check for th	ne following amount:				
\$25.0	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 Sta Certified Copy (additional copy is en	tus &	, "

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

Complete State of the State of

FINATIC SPORTFISHING, LLC	The state of the s
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000055065	were filed on 02/18/2020 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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3621 VININGS SLOPE, #4200
(Principal office address MUST BE A STREET ADDRESS)	ATLANTA, GA 33029
Enter new mailing address, if applicable:	3621 VININGS SLOPE, #4200
(Mailing address MAY BE A POST OFFICE BOX)	ATLANTA, GA 33029
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registere
	Enter Florida street address

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.

City

Florida

If aniending 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
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
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ective date, if other than the da effective date is listed, the date must b	e specific and cannot be pric	r to date of filing or me	option (option) ore than 90 days after fil	ar) ing.) Pursuant to 605,0207
te: If the date inserted in this block	k does not meet the appli	cable statutory filing	requirements, this d	ate will not be listed as
rument's effective date on the Depa	irimeni of State's record	S.		
cord specifies a delayed effective d s filed.	ate, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
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FEBRUARY 26	2020			
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1417	11/1			
- In the	gnature of a member or aut	norized representative	of a member	
		·		
JAMES . NALLEY				
	Typed or prin	ted name of signee		

Filing Fee: \$25.00