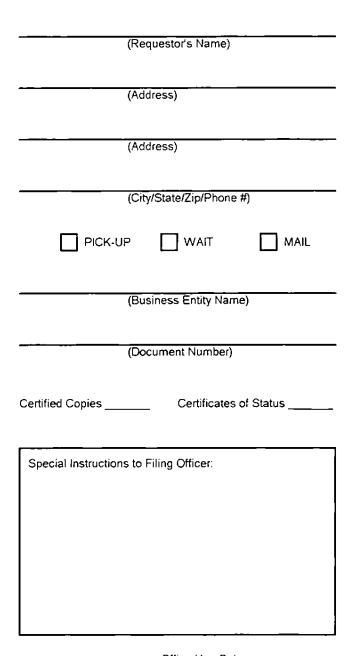
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Office Use Only



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. COVER LETTER

TO:

Registration Section

Division of C	Corporations		
Gone Fi	shing Properties LLC name chang	e · •	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Andrew Berman		
		Name of Person	
	Gone Fishing Properties L	LC	
		Firm/Company	
	15020 Ember Springs Cir	Арт 4409	
		Address	
	Orlando, FL 32821		
		City/State and Zip Code	
	Andrew@gonefishingpropo	mes.com to be used for future annual report notification)
For further informatic	on concerning this matter, please c	ıll:	
Andrew Berman		78] 491-6069	
Nan	ne of Person	at ()Area Code Daytime Telepl	hone Number
Enclosed is a check fo	or the following amount:		
\$25,00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio	on Section	Street Address: Registration Section	an i
Division o P.O. Box (f Corporations 5327	Division of Corporati The Centre of Tallaha	
Tallahasse	e. FL 32314	2415 N. Monroe Stre Tallahassee, Fl. 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gone Fishing Properties LLC	1120 GE	12 11 7: 24
(Name of the Limited L (A F	iability Company as it now appears o lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabil	ity Company were filed on Febru	ary 19, 2020 and assigned
Florida document number L20000075566	_ '	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here	:
Theme Park Living LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
Principal office address MUST BE A STREET A.	DDRESS)	
	- "	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOY	<u></u>	
3. If amending the registered agent and/or regis		ords, <u>enter the name of the new registe</u>
gent and/or the new registered office address he	ere:	
N. CN. D. '. IA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_		Florida Zw Code
	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 2000 00 10 51 7: 34	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			∃Add
			□Remove
			□Change
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			□Change
			□Add
			Remove
			□Change

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Effective date, if other than the out of the date must the date inserted in this blood document's effective date on the Department.	be specific and connot be p ck does not meet the ap	plicable statutory f	or more than 90 c iling requirem	_ (optional) lays after filing.) Pur- ents, this date will	suant to 605.0207 (not be listed as t
e record specifies a delayed effective d is filed.	date, but not an effectiv	re time, at 12:01 a.	m. on the earli	er of: (b) The 90t	h day after the
Dated October 8th	2020	 			
			5		

Filing Fee: \$25.00