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COVER LETTER

TO:

	Registration Se- Division of Cor			
cup icz	Xhale Outde	oors LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn ali correspo	ndence concerning this matter	to the following:	
		Eric Shearouse		
			Name of Person	
		18298 Jupiter Landings Dr	Firm/Company	2023 F.
		Jupiter, FL 33458	Address	16 24 PH
For furth	er information co	xhalefreediving@gmail.con E-mail address: (concerning this matter, please co	to be used for future annual report notifi	25. 25. 25. 25. 25. 25. 25. 25. 25. 25.
Eric She	arouse		561 35-11779 at ()	
	Name of	f Person		Telephone Number
Enclosed	l is a check for th	e 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)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Xhale Outdoors LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Company	y were filed on 05/12/2020	and assigned
Florida document number L20000128342		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Xhale Spearfishing LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	- 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		0
(Mailing address MAY BE A POST OFFICE BOX)		[2]
Maning dates MAIL INCAT COST OF FICE DOM		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
·		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 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
			□ Add
			□Remove
			□Change
			□Add
			☐Remove
			Change Change
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Tective date, if other than the in effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	st be specific and cannot be prior ock does not meet the applic	able statutory filing	(option than 90 days after requirements, this	filing) Pursue	ant to 605. of be liste
record specifies a delayed he 90th day after the rec	d effective date, but no ord is filed.	ot an effective ti	me, at 12:01 a	.m.	on th	e earlie
August 19	2020					
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