L20000193529

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800406267418

. - 1 . 21 . 2100 -- 312 . • • 25.60

S. ROBERTS

JUN - 1 2023

COVER LETTER

	•	**
Articles of Amendment and fee(s) are submitted Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Caig Sacad Name of Person Firm/Company 6075 Poplar Arc Suite 22 Address City/State and Zip Code Area Code Daytime Telephone Number check for the following amount: Check for the follo		
Amendment and fee(s) are subr	nitted for filing.	
ondence concerning this matter t	to the following:	
Craig	Sicod	
	Name of Person	
	• •	.
6075 Pup	plar Ave, Suite	22/
Mamph.	s, TN 38119	<u> </u>
E-mail address: (t	City/State and Zip Code ACCA Q 9/CC 1550 o be used for future annual report noti	fication)
oncerning this matter, please ca	ıll:	
Snard of Person	at (901) 458 Area Code Daytim	re Telephone Number
he following amount:		
	Certified Copy	Certificate of Status & Certified Copy
	Amendment and fee(s) are substantial address: (to concerning this matter, please can be following amount: Salo of Filing Fee & Concerning	Amendment and fee(s) are submitted for filing. And Firm/Company City/State and Zip Code Area Code Daytim The following amount: State of Status Certificate of Status Certificate Copy

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

Emerald Coast	Everglades, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	-Life C	<u> </u>
If amending name, enter the new name of the limited liability company here: Steel Stort fishing, LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Steel Grove Sourt fishing	4 // (
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		207
• • •		
		· -
Enter new mailing address, if applicable:		É
,		<u></u>
•		
		<u> </u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Remove

menal	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
-		
-		
		
		
	······································	
		··· ·
-		
		
reffectiv <u>te:</u> If th	date, if other than the date of filing:	ursuant to 605.020 Ill not be listed a
s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The s	90th day after the
ed	Apr. 1 7 . 2023 for the home	
	for the Sure	
	Signature of a member or authorized representative of a member	
	Steven Sansom Typed or printed name of signee	