

L20000245753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800357904038

01/13/21--01006--020 **25.00

FILED
2021 JAN 13 PM 2:06
TALLAHASSEE, FL
OFFICE OF STATE

SS
2/19/21

COVER LETTER

Registration Section
Division of Corporations

OBJECT: WET TORTUGAS TRADING COMPANY L.L.C.
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER N NEUGIN
Name of Person
WET TORTUGAS TRADING COMPANY LLC
Firm/Company
309 FAIRWOOD DRIVE
Address
NICEVILLE, FLORIDA 32578
City/State and Zip Code
CNEUGIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
2021 JAN 13 PM 2:06
TALLAHASSEE, FL

For further information concerning this matter, please call:

CHRISTOPHER N NEUGIN at (850) 699-3296
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

WET TORTUGAS TRADING COMPANY L.L.C

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/12/2020 and assigned
Florida document number L20000245753.

This amendment is submitted to amend the following:

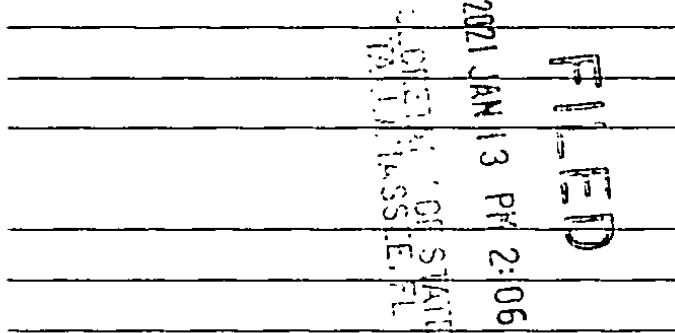
If amending name, enter the new name of the limited liability company here:

RIKERS INSHORE FISHING COMPANY L.L.C

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS



Enter new mailing address, if applicable:

Mailing 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 agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

MBR = Authorized Member

<u>Role</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET
OFFICE OF STATE
AFFAIRS
2021 JUN 13 PM 2:05
FILED

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

2021 JAN 13 PM 2:06
DEPARTMENT OF STATE
FILING OFFICE

FILED

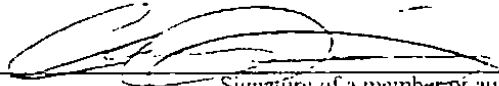
Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date the document is filed.

Dated 02 JANUARY ~~2021~~ 2021


Signature of a member or authorized representative of a member

CHRISTOPHER N NEUGIN
Typed or printed name of signee

Filing Fee: \$25.00