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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations				
SUBJECT:	Drop Em	Down Fishing	Charters	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Fric Schweika Name of Person	1+	
	Drop	Em Down Fishi	ng Charter	s LLC
	765	Chestnut Avenue		
		City/State and Zip Code	32763	20 S.E.
	E-mail address: (Schweikart & yaha	cation)	22 HOV
For further information of	concerning this matter, please co	all:		8
Eric S Name o	chweikart of Person	City/State and Zip Code Schweikart & Yaha to be used for future annual report notific all: at (407) 415- Area Code Daytime	B28i Telephone Number	PH I: 01
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address	Section	<u>Street Address:</u> Registration Sect		
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Drop Em	Down Fishing Charters LLC Liability Company as it now appears on our records.)
(<u>Name of the Limited</u>) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on October 2, 2020 and assigned 311336
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reginated and/or the new registered office address by	istered office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Eric Schweikart 765 Chestrut Avenue Enter Florida street address Drange City Florida FL 32763 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
			
			□ Remove
			□Change
			2022
			2022 NBV -8 PH 1: 01 Add SECORETAL Change PH 1: 01 TALL AT SEE PH 1: 01
			PH 1: 0
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Change
			□Remove
			□Change

E. 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)() 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 record is filed. Dated November 1. Elaunt Signature of a member or authorized representative of a member	D. If amending any other information, enter change(s) here: (Attach additiona	l sheets, if necessary.)
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