## L21000054100

(Re	questor's Name)	<del></del>
(Ad	dress)	
———(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

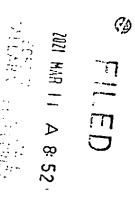
Office Use Only

04/29/2021 S.C.



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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: GUH Coast Name of L	Light Tackle LLC imited Biability Company
The enclosed Articles of Amendment and fee(s) are s Please return all correspondence concerning this matt	
Kyle	McWhorter Name of Person
911 6	Firm/Company  64 St NW  Address
Brade GUHCO E-mail address	City/State and Zip Code  City/State and Zip Code
For further information concerning this matter, please  Kylc McWhorter  Name of Person	at (941) 448-3820  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Sand Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Scrifficate 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

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000054100</u>	were filed on $1/29/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." 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)	
The state of the s	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	7021
	Enter Florida street address
	City Zig Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agreed provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and

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
AMBR	Kyle Mcwhorter	911 66H ST NW	
		911 66th St NW Bradenton FL, 34200	<u> </u>
			&Change
AMBR	Jessica McWhorter	911 66 St. NW Bradenton FL, 34209	🗆 Add
		Bradenton FL, 34209	□Remove
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	other than the date	come and cannot be pri	OF TO DATE OF HITTING OF IT	(opti	r tiling \ Pursaant r	605.030
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ote: If the date in	more and date made of op-	pes not meet the appl	licable statutory filin	ore than 90 days after	r tiling \ Pursaant r	o 605-0201
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