## L21000019755

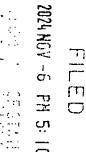
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Roll Glool TK Name of Lim	hing Charles / LLC	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
	dence concerning this matter	-	
rease return are correspon	defice concerning this matter	to the following.	
	E	Mily Stanfill Name of Person	<del></del>
	Per	El Glow Fishing Ch	affects
	262	4 E 39th Plaza  Address	<del></del>
	Par	ana City, FL 324	05
	recaroo. E-mail address: (i	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	ali:	
EMILY STU Name of	Ferson Person	at 850, 774-8 Area Code Daytime	780 Telephone Number
Enclosed is a check for the	following amount:		
√Z \$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 Se		Street Address: Registration Sec	tion
Division of Co	rporations	Division of Corp	orations
P.O. Box 6327		The Centre of Ta	ıllahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	$FH \sim 10^{-10}$
Ray GROW Fishing Char (Name of the Limited Liability Company as it	2024 NOV -5 PH 5: 10
(A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were five Florida document number <u>L2</u> 0000 755.	led on 2/10/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co  Per Grooty Experiences, LC  The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	, Florida
Cip	

## 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 t 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
<del></del>	<del> </del>		□ Add
			□ Remove
			□Change
			□Add
			□Remove
		<del> </del>	□Change
		<del> </del>	□Add
			□Remove
			□Change
<del></del>			□ Add
		·	□Remove
<del></del>			□Add
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□ Change

(If an e	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	1 November 2 . 2024.
	Signature of a member or authorized representative of a member