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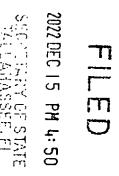
(Requestor's Name)
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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co					
		SHING & RACING LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please r	return all corresp	oondence concerning this matter	to the following:			
		DAVID BRADY				
			Name of Person			
		T & D FISHING & RACI	FISHING & RACING LLC			
			Firm/Company	ip Code		
		115 N DELEON AVE				
			Address			
		TITUSVILLE, FL 32796				
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		BASSPLAYER468@CFL.I	RR.COM to be used for future annual report notif	iention)		
For furt	her information	concerning this matter, please c		(Canony		
) BRADY	concerning time manner, promote	321 543-2655			
Name of Person		of Person	at () Area Code Daytime	: Telephone Number		
Enclose	ed is a check for	the following amount:				
■ \$23	5.00 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ipany as it now appears on our records.) d Liability Company)	
ny were filed on MARCH 17, 2021	and assigned
ability company here:	
ability Company," the designation "LLC" or t	the abbreviation "L.L.C."
	2022 DE SECE
	C 15 PH 4: 50 All ASSEB. FILE
e address on our records, <u>enter the</u>	name of the new registe
Enter Florida street address	
Florid	3
City	Zip Code
	ability company here: ability Company," the designation "LLC" or see address on our records, enter the Enter Florida street address , Florid

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
· 	<u></u>		
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If an effe Note:	ive date, if oth ective date is liste If the date inser- ient's effective o	d, the date must rted in this blo	t be specific a ock does not	ind cannot be p t meet the ap	plicable stat	filing or more utory filing re	than 90 days a	otional) fter filing.) Pursu this date will n	ant to 605.0207 of be listed as
e record rd is fil	d specifies a del led.	ayed effective	e date, but n	ot an effectiv	re time, at 13	2:01 a.m. on	the earlier of	(b) The 90th	day after the
	NOVEMBER :	29		2022					
Dated ₋									
Dated _.	Dang	913 roll	2			monatotics of	n mumber	. <u>.</u>	
Dated _:	<u>Dan</u>	0/3.and	Signature of	a member or a	nuthorized rep	resentative of	a member		