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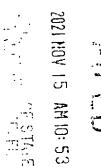
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Strictly Business Fishing Charters LLC. Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicholas J. Tote Name of Person
Strictly Business Fishing Charters UC Firm/Company
186 N. 7Th Street
Santa Rosa Beach, FL 32459 City/State and Zip Code
nick. Strictly businessfishing@amail.com E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Nicholas J. Tate at (106) 767-4427 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strictly Business Fishing Charters & Charters & AM 19: 53
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L210003905</u>	<u>576</u> .	y were filed on $\frac{09/01/2021}{}$		
This amendment is submitted to amend the fo	flowing:			
A. If amending name, enter the new name	of the limited lia	bility company here:		
NA The new name must be distinguishable and contain the				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "IAC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	EET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or agent and/or the new registered office addr	<u>.</u>	e address on our records, enter the nan	ie of the new registere	
	ress here:	e address on our records, enter the nan		
agent and/or the new registered office addr	ress here:			
agent and/or the new registered office addr Name of New Registered Agent:	<u>N/A</u>	Enter Florida street address		
agent and/or the new registered office addr Name of New Registered Agent:	<u>N/A</u>			

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.

N/A
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

Title Address Type of Action Name Michael J. Tate AMBR 4431 Everell Springs Rd NE DAdd Armuchee, GA. 30105 Remove _____ Change _____ □Remove _____ □Change _____ □Remove ______ □Add _____ □Remove _____ □Change

N/A	<u></u>				
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effective date is listed, :: If the date inserte	r than the date of the date must be specifed in this block does te on the Departmen	fic and cannot be prior to not meet the application	to date of filing or more able statutory filing r	(optional) than 90 days after filing. equirements, this date	Pursuant to 605.02 will not be listed
tiled.				the earlier of: (b) The	e 90th day after th
1 November	_ 1st		<u></u> ·		
11. 1.1.	s d. Sate		rized representative of		
MICHOLO	Signature	of a member or autho	rized representative of	a member	