L21000484323

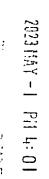
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
	rtfishing of Palm Beach, LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dawn Richards	,	
		Name of Person	
	Dawn Richards Law		
	·	Firm/Company	
	601 Heritage Drive Suite	465	
	-	Address	
	Jupiter FL 33458		73
		City/State and Zip Code	2023 82.77 - 1
	dawn.richards@dawnricha		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
Dawn Richards		561 891-1294 at ()	
Name o	f Person	Area Code Daytime Telephone	Number 171
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahasses	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & B Sportfishing of Palm Beach, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L21000484323		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		entried entried entried entried entried entried entried
		<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		Fi =
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>ente</u>	er the name of the new registe
New Registered Office Address:		
registered Office / Iddiess.	Enter Florida street addr	ess
	I	Florida
. 	City	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>	Name	<u>Address</u>	Type of Action
AMBR	Bill Frisch	6249 Ungerer Street, Jupiter FL 33458	= Add
			□Remove
			□Change
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lote: If the	date inserted in	this block does r	iling: c and cannot be prior not meet the applic of State's records	r to date of filing or cable statutory fil	more than 90 days after	onal) filing.) Pursuant to 605.020 s date will not be listed as
record speci is filed.	ifies a delayed e	ffective date, but	not an effective t	ime, at 12:01 a.n	a. on the carlier of: (b) The 90th day after the
ited	April	21				2023 F.A.Y
_				ح ح		1
		Signature (of a member or auth	orized representati	ve of a member	ت
Jo	seph Foy					<u>=</u>
			Typed or print	ed name of signee	·	

Filing Fee: \$25.00