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T. MATTHEWS

FEB - 8 2022

COVER LETTER

TO:	Registration Se Division of Cor		•	
CUDIE	Trophy Fish	hing LLC		•
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Brett A. Anderson		
			Name of Person	
		Trophy Fishing LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		86004 Creek Drive		
			Address	
		Yulce, FL 30297		
			City/State and Zip Code	
		banderson@datagility.com		,
			to be used for future annual report no	tification)
For furti	her information co	oncerning this matter, please c	all:	
Brett A.	Anderson		904 903-8615 at ()	
Name of Person				me Telephone Number
Enclosed	d is a check for th	e following amount:		
□ \$ 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 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

22.11 (1 F.) 3: 26

Trophy Fishing LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on January 4th, 2022 and assigned
Florida document number 1.22000010479	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "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)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Brett Andrew Ar	nderson

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

86004 Creek Drive

Yulee

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida 32097

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	Address	Type of Action
AMBR	Brett Andrew Anderson	86004 Creek Drive Yulee, FL 32097	≣ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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an effec ote: f	ctive date is liste f the date inse	ner than the old, the date must reed in this blodate on the De	be specific a ck does not	nd cannot be meet the a	applicable	te of filing statutory	or more tha filing requ	n 90 days a	otional) Her filing.) Pu this date wi	ursuant to 605 Il not be liste	.0207 (3)(ed as the
ecord is file		layed effective	date, but n	ot an effec	tive time,	at 12:01 a	i.m. on the	earlier of:	(b) The 9	0th day after	the
Jated _	anuary 29th			2022	_						
_		Bret	A	A	A	S	re				
			Signature of	a member o	r authorized	i represent	tative of a m	ember			

Filing Fee: \$25.00