## L22000012953

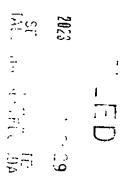
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT: Eler	nent FISMY	nited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sul	amitted for filling		
Please return all correspo	ondence concerning this matter	to the following:		
	Dust	1n T. Johns	on	
	<u>Elemer</u>	T PSMy U Firm/Company	<u>C</u>	
	4/22 Ston	uhenck Rd	2023 P. S.	
	mulbers	U FL 3386	0 =	
	elements E-mail address: (	ishingrods@ar	nal.cgm	1
For further information c	oncerning this matter, please e	all:		
Dustin (	Johnson  (Person	at ( <u>407</u> ) <u>433</u> Area Code Daytim	-9032 e Telephone Number	
Enclosed is a check for th	ne following amount:			
S25.00 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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632	1	The Centre of T	allahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Element Fishing Ll	-L		
(Name of the Limited Liabible Comp. (A Florida Limited	any as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000012953</u>	were filed on	-5-22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	<u>:</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	521
		<u> </u>	•
		,	1
Enter new mailing address, if applicable:			• <u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
		·	<u> 1/3</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida	1 street address	
		, 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 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
MGR	Tiffany N. Vilchw	A122 Stonehenge Rd Mylbury, FL 33860	□Add
	·		DRemove
			Change
			🗆 Add
			□Remove
			Tenange (
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Filing Fee: \$25.00