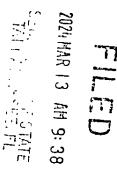
## L22000214680

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

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**Division of Corporations** SHOWMEWHATUWORKINGWITHFISHING&HUNTING SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Christina S. Cooper Name of Person Firm/Company 1700 N. Monroe St. Suite 11 PMB 211 Address Tallahassee, Fl. 32303 City/State and Zip Code biz@skilledhunt-gamefish.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 666-3784 Christina S. Cooper Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOWMEWHATUWORKINGWITHFISHING&HUNTING L.L.C.

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2024 MAR The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/06/2022}{}$ Florida document number L22000214680 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHOW ME WHAT U WORKING WITH FISHING & HUNTING L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_. Florida

## 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.

City

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			Change
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the record specifies a cord is filed.	a delayed effective	date, but not a	an effective tir	ne, at 12:01 a	.m. on the ear	lier of: (b) Th	e 90th day after	the
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