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(((H22000192360 3)))



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Division of Corporations

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From:

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37 Email Address:\_ ö

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRIGHTERDAYS SPIRTFISHING LLC**

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## **COVER LETTER**

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Division of Cor		e empresenace e co			
SUBJECT:		S SPIRTFISHING LLC			
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filling.			
Please return all correspo	indence concerning this matter to	o the following:			
	LOVETTE DOBSON				
		Name of Person			
	<u></u>	Firm/Company	<del>_</del>		
	17350 STATE HWY 249 S	TE 220			
		Address			
	HOUSTON, TX 77064		<del></del>		
		City/State and Zip Code			
	EFILE1234@INCFILE.COM	d to be used for luture annual report notific	antian l		
			.m(t.n)		
For further information of	concerning this matter, please ca	11:			
LOVETTE DOBSON		1 888-462-3453 at () Daytime			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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

6/1/2022 17:16:54 CDT -

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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BRIGHTERDAYS SPIRTFISHING LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 05/09/2022  Florida document number L22000218210	and assi	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
BRIGHTERDAYS SPORTFISHING LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.I	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 na agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	me of the new 2022 JUA - 2 AM	
, Florida _	<u> </u>	
City	Zip Gode	

### 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:

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CiChange

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
		<u> </u>	Change
			□ Add
			□Remove
		****	□Change
		<u> </u>	□Add
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Effective date, if other than to the an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not	meet me appire	able statutory	or more than 90 day filing requirement	( <b>optional)</b> s after filing.) Pursuar s, this date will not	n to 605 0207 (3 be listed as the
the record specifies a delayed effectord is filed.	ctive date, but no	ot an effective t	ime. at 12:01 a	m, on the earlier	of: (b) The 90th d	ay after the
Dated MAY 27		2022	·			
Cxarg	Lick of	a member ar auth	orized represent	ative of a member		
The same of the sa	Signature of a	a member or auth	orized represent	ative of a member		· <del>······</del>

Typed or printed name of signee