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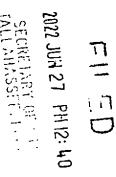
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COVER LETTER

Registration Section
Division of Corporations

TO:

Low Tide Tour Tide				
Subject.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Reid Barhite			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Low Tide Tackle LLC			
		Firm/Company		
	1004 S 11th Street			
		Address		
	Fort Pierce, FL 34950			
		City/State and Zip Code	 	
	reidbarhite@yahoo.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Reid Barhite		954 778-8251 at ()		
Name o	f Person	Area Code Daytin	ne 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)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Malling Address Registration Division of C	Section Corporations	Street Address: Registration Se Division of Cor	rporations	
P.O. Box 632 Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now appears or our records.) OF ST (A Florida Limited Liability Company)

[ALL ARASSEL FIRE

FORGANIZATION FILED

If Changing Registered Agent, Signature of New Registered Agent

Low Tide Tackle LLC

2022 JUH 27 PM 12: 40

The Articles of Organization for this Limited Liability Company	were filed on June 13, 2022	and assigned
Florida document number L22000267691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
E-4 11 11 16 11 16 11 16 11 16 11 16 11 16 11 16		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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:	ddress on our records, enter	the name of the new registered
agent and/or the new registered office address here:	ddress on our records, enter	
Name of New Registered Agent:	Enter Florida street address	,
Name of New Registered Agent:	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address	r orida

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
President	Reid Barhite	1004 S 11th Street	□Add
		Fort Pierce, FL 34950	■Remove
Mgr	Reid Barhite	1004 S 11th Street	■Add
		Fort Pierce, FL 34950	
			Change
			\ _Add
			□ Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan effe Note: 1	re date, if other than the date of filing:
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	une 22 2022
	Why we
	Signature of a member or authorized representative of a member
	Reid K Barhite