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COVER LETTER

Registration Section

Division of Corporations

TO:

	ER FISHING LLC		••
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
riease return all correspo	ondence concerning this matter	to the following:	
	DONALD DEMOTT		
		Name of Person	
		Firm/Company	
	930 SW 15TH ST		
		Address	2022 SEC
	BOCA RATON, FL 3348	6	2022 OCT 11 SECRETAR TALLAHI
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	DEMOTT.DON@GMAIL	.COM to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	•	ncation) Fig. 1. 50
DONALD DEMOTT		561 289-8486	
Name o	f Person		e 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG WATER FISHING 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 $\frac{09/30/2022}{1}$ and assigned Florida document number L22000423829 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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

, Florida <u> </u>

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
AMBR	SHALISE DEMOTT	930 SW 15TH ST	= Add
		BOCA RATON, FL 33486	□Remove
			□Change
			□Add
			□Remove
			Change
			SET DRAdd SET OCT Remove
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ective date, if other than the date effective date is listed, the date must be ee: If the date inserted in this block ument's effective date on the Department.	specific and cannot be prior to da does not meet the applicable				
cord specifies a delayed effective da s filed.	ate, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90	th day af	fter the
OCTOBER 5TH	2022				
Day	Drade				
		representative of a member			