

L22000466975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

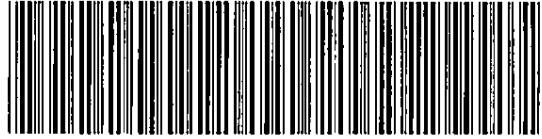
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DRIPPED OUT FISHING LLC  
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:

LEORE M. GENOUNE  
Name of Person

Firm/Company

431 Jupiter Lakes Blvd. 2105D  
Address

JUPITER, FL 33458  
City/State and Zip Code

leoregen@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEORE GENOUNE at (561) 315-0960  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

DRIPPED OUT FISHING LLC

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

2024 LLC-3  
6-1-23

The Articles of Organization for this Limited Liability Company were filed on 10/31/2022 and assigned Florida document number L22000466975.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

- N/A -

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)

LEORE GENOUNE

431 JUPITER LAKES BLV #2105D

JUPITER, FL 33458

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

431 JUPITER LAKES BLV

JUPITER, FL 33458

# 2105D

**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:

LEORE M. GENOUNE

New Registered Office Address:

431 Jupiter Lakes Blv #2105D

Enter Florida street address

JUPITER

City

Florida

33458

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.*

Leore Genoune

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Eytan M. Genovne	9365 Listow Terrace	<input type="checkbox"/> Add
		Boynton Beach, FL 33472	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leore M. Genovne	431 Jupiter Lakes Blvd	<input checked="" type="checkbox"/> Add
		#2105D	<input type="checkbox"/> Remove
		Jupiter, FL 33458	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: 11/9/2024 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated November 22, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

2024 U.L.C. - 3 Fall 6:17