**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southernmost Chum LLC			/o <b>2</b>
( <u>Name of the Limited</u> ) (A	iability Company as it now app forida Limited Liability Compan	oears on our records.)  (y)	022 NO
The Articles of Organization for this Limited Liabi	lity Company were filed on	11/14/22	and assigned
Florida document number L22000486721	·		>
This amendment is submitted to amend the following	ng:		AMII: 19
A. If amending name, enter the new name of th	e limited liability company	/ here:	. E <b>.6</b>
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET)	e:	he designation "LLC" or the a	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		r records, enter the nat	ne of the new registered
Name of New Registered Agent:			January .
New Registered Office Address:			
	Enter	Florida street address	
-	City	, Florida	Zip Code
	CHỳ		Eq. Cour

## 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 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>	Name	Address	Type of Action
AMBR	Antonio Gomez	6011 Peninsular Ave.	
		Key West, FL 33040	Remove
			Change
AMBR	Lua Greene	6011 Peninsular Ave.	<b>X</b> Add
		Key West, FL 33040	□Remove
			Change
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an effective <u>(ote:</u> If the	ate, if other than the date of date is listed, the date must be spece date inserted in this block doe effective date on the Departme	sific and cannot be prior to date of to snot meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to o tory filing requirements, this date will not be be	505 0207 ( isted as t
record spe I is filed.	cifies a delayed effective date, b	out not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day a	fter the
ated	November 29	. 2022		
		Morgan Poller		
-	Signatu	re of a member or authorized repr	esentative of a member	

Filing Fee: \$25.00