L2300003469

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** TARPON RIVER MANAGEMENT LLC SUBJECT: 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: Kenneth D. Dettman Name of Person TARPON RIVER MANAGEMENT LLC Firm/Company 2550 N FEDERAL HWY STE 201 Address FORT LAUDERDALE, FL 33305 City/State and Zip Code kenneth@ez-erc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth D. Dettman Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

| TARPON RIVER MANAGMENT LLC | | |
|--|---|-----------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lir | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 12/28/2022 | and assigned |
| lorida document number L23000003469 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | I liability company here: | |
| ARPON RIVER MANAGEMENT LLC | | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | · · |
| | | <u>-</u> |
| 3. If amending the registered agent and/or registered of gent and/or the new registered office address here: | ffice address on our records, <u>enter th</u> | e name of the new regist |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flori | da |
| | City | 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.

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> | Address | Type of Action |
|--------------|-------------|--------------|----------------|
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Page 2 of 3

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| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. | | | | | |
|--|--|--|----------------------|-----------------------------|--------------------------------|
| rective date, if other than the date of filing: | | | | | · |
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| The 90th day after the record is filed. Ited April 25 | n effective date is listed, the date te: If the date inserted in the | must be specific and cannot is block does not meet the | e applicable statuto | ing or more than 90 days af | ter filing.) Pursuant to 605.0 |
| | | | out not an effec | ctive time, at 12:01 | a.m. on the earlier |
| Signature of a member or authorized representative of a member | April 25 | 2023 | | | |
| Signature of a member or authorized representative of a member | | | | | |
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