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COVER LETTER _

TO: Registration Se Division of Cor		*. ,	
SWAMP C	OWBOY FISHING LLC	-	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BRIAN NORTHWAY		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	SWAMP COWBOY FISH	ING	
		Firm/Company	
	6074 LAMONTE ST		
		Address	
	ST. CLOUD FL, 34771		
		City/State and Zip Code	·
	BRIANNORTHWAY@YN		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
BRIAN NORTHWAY		321 250-0074	
Name of Person		at () Area Code Daytime	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 Add-o		Street Address	

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

SWAMP COWBOY FISHING LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our records.) Hay Company)
The Articles of Organization for this Limited Liability Company we	re filed on 02/02/2023 and assigned
lorida document number L23000061058	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability	company here:
N/A	
he new name must be distinguishable and contain the words "Limited Liability C	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)	292
_	
	=
Enter new mailing address, if applicable:	5
Mailing address MAY BE A POST OFFICE BOX)	7
-	
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, enter the name of the new regi
Name of New Registered Agent:	
traine of thew registered regent.	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Name	Address	Type of Action
AMBER	Brian Northway	6074 Lamonte st St. Cloud 34771	≣Add
			□Remove
			□Add
			□Remove
			Change
			<u> </u>
			□Remove □Change
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			□Change

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	2023
	<u> </u>
	P. A.
Tective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
ote: If the date inserted in this block does not meet the applicable statutory filing requir	
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	earlier of the The 90th day after the
is filed.	auther or. (b) The 20th day diver div
21 0	
ned 00-50 . 9035.	
BRIAN P NORTHWAY	
$\sim 1.11 \times 10^{-1}$	
Signature of a member or authorized representative of a men	mber

Filing Fee: \$25.00