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08/14/24--01021--013 \*\*25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KRAKEN TACKLE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARY BARTLETT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13450 CARIBBEAN BLVD

\_\_\_\_\_  
Address

FORT MYERS, FL 33905

\_\_\_\_\_  
City/State and Zip Code

CARYBARTLETT@HOTMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MASON REASON

239

3369282

\_\_\_\_\_  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

KRAKEN TACKLE, 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 02/22/2023 and assigned  
Florida document number L23000095348.

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)**

13026 PALM BEACH BLVD

SUITE G

FORT MYERS, FL 33905

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

**(Mailing address MAY BE A POST OFFICE BOX)**

13450 CARIBBEAN BLVD

FORT MYERS, FL 33905

**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:

CARY BARTLETT

New Registered Office Address:

13450 CARIBBEAN BLVD

*Enter Florida street address*

FORT MYERS

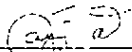
*City*

Florida 33905

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MASON REASON	6300 GREENBRIAR FARMS RD	<input type="checkbox"/> Add
		FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARY BARTLETT	13450 CARIBBEAN BLVD	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

W. S. R. O. E. V.

MASON REASON

**Filing Fee: \$25.00**

Doc ID: db4144436781b36fc7b1837acdd41fa8aef29fe8

**Title** Articles of Amendment - Kraken Tackle  
**File name** ARTICLES\_OF\_AMENDMENT.pdf  
**Document ID** db4144436781b36fc7b1837acdc41fa8aef29fe8  
**Audit trail date format** MM / DD / YYYY  
**Status**  Signed

## Document History



SENT

**08 / 06 / 2024**  
 14:45:42 UTC-4

Sent for signature to Mason Reason  
 (krakentackle01@gmail.com) and Cary Bartlett  
 (carybartlett@hotmail.com) from hgholdaminsurance@gmail.com  
 IP: 108.202.226.31



VIEWED

**08 / 06 / 2024**  
 15:16:00 UTC-4

Viewed by Cary Bartlett (carybartlett@hotmail.com)  
 IP: 174.63.157.224



SIGNED

**08 / 06 / 2024**  
 15:17:11 UTC-4

Signed by Cary Bartlett (carybartlett@hotmail.com)  
 IP: 174.63.157.224



VIEWED

**08 / 06 / 2024**  
 22:15:34 UTC-4

Viewed by Mason Reason (krakentackle01@gmail.com)  
 IP: 71.208.143.53



SIGNED

**08 / 06 / 2024**  
 22:16:54 UTC-4

Signed by Mason Reason (krakentackle01@gmail.com)  
 IP: 71.208.143.53



COMPLETED

**08 / 06 / 2024**  
 22:16:54 UTC-4

The document has been completed.