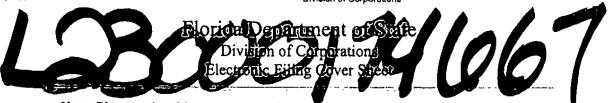
6/13/23, 3:50 PM

Division of Corporations



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.

(((H23000213077 3)))



H238002130773ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

23 JUN 14 AM 10: 59
DEPARTMENT OF STATE
NVISION OF CORPORATIONS
TALL ANASSEE FLORIDA

Email Address: mhasner@therrelbaisden.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOTEM FISHING 242, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

HeLEMIEUX.

JUN 15 2023

/ To:

June 14, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

THERREL BAISDEN, LLP

SUBJECT: GOTEM FISHING 242, LLC

REF: L23000174667

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the address for the new authorized person.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III Letter Number: 723A00013437

FAX Aud. #: H23000213077

To:

COVER LETTER

TO:	Registration S Division of Co	ection rporations		
SURIF	GOTEM I	FISHING 242, LLC		
00000	~*· 	Name of Lin	nited Liability Company	
The enc!	osed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Mark M. Hasner, Esq.		
			Name of Person	
		Therrel Baisden, LLP		
			Firm/Company	
		1 SE 3rd Avenue, Suite 29	950	
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		MHasner@therrelbaisden.c		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information o	concerning this matter, please of	all:	
Mark M.	Hasner, Esq.		305 371-5758	
	Name o	of Person		: Telephone Number
Enclosed	is a check for t	he following amount:		
宣 \$2 5.0	00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sco	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

GOTEM FISHING 242, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on April 11, 2023	_ and assigned
Florida document number L23000174667	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the name e</u> ere:	of the new registered
	₩,	2
Name of New Registered Agent:		2623
New Registered Office Address:		ن بي
130,130,030,030,030,030,030,030,030,030,	Enter Florida street address	£- i
_	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	$\frac{\ddot{\omega}}{\omega}$
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree and complete performance of my duties, and I am fan ed agent as provided for in Chapter 605, F.S. Or, if istered office address, I hereby confirm that the limit ange.	e to comply with the niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Mario Spindola

Fax: 13053715758

To:

Fax: (850) 617-6383

Page: 12 of 19

06/14/2023 10:40 AM

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

Title	Name	Address	Type of Action
MGR	Charles Ronald Bauer, III		□Add
			≅Remove
			Change
MGR	Charles Ronald Bauer, Jr.	6024 Paradise Point	≅Add
		Palmetto Bay, FL 33157	□ Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			☐ Remove
			Change
			□Add
		,	□Remove
		·	☐ Change
			□Add
			□Remove
			□Change

To:

·····					
····					
		· · · · · · · · · · · · · · · · · · ·			
					
	1_ 1				
					
					_
Effective date, if ot	her than the date o	of filling:		(notions)	
If an effective date is list	ed, the date must be spec	cific and cannot be prior to	date of filing or more than 9	(optional) 0 days after filing.) Pursuant to	605.0207
<u>Note:</u> If the date inso document's effective	date on the Departme	es not meet the applicable ent of State's records.	e statutory filing require	ments, this date will not be	listed as
	•				
e record specifies a de	layed effective date,	but not an effective time	, at 12:01 a.m. on the ea	rlier of: (b) The 90th day :	after the
rd is filed.					
June 13		2023			
Dated			•		
	1				
		re of a member or authoriz	Z		_

Typed or printed name of signee