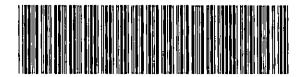
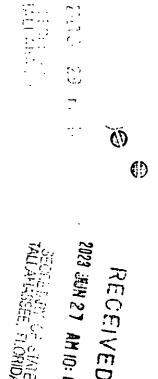
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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FLORIDA CAPITAL COURIER S 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	SERVICES, INC	
Please use funds from account: 120 Authorization Signature:		6
NEW FILINGS Profit Corp Not for Profit Officer/Director Limited Liability Domestication CORP LLLP		AMENDMENTS X Amendment Resignation of R.A. or member Dissolution Change of Registered Agent Conversion Amended and restated Articles Statement of Correction
OTHER FILINGS TrademarkAnnual ReportFictitious NameAPOSTILL COUNTRY	<u>REGISTE</u>	RATION/QUALIFICATIONS Foreign filingLimited PartnershipReinstatementOther

EXAMINIER'S INITIALS:_____

(850) 524-5437 (850) 524-6243	
Please use funds from account: I2 Authorization Signature: Off Duty Fishing Series LLC Business	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication CORP LLLP	XAmendment Resignation of R.A. or member Dissolution Change of Registered Agent Conversion Amended and restated Articles Statement of Correction
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Trademark Annual Report Fictitious Name APOSTILL COUNTRY	Foreign filingLimited PartnershipReinstatementOther
COUNTRI	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINIER'S INITIALS:____

Docusign Envelope ID: F5795697-7FD2-4FAB-B980-05DCCD25E20E COVER LETTER TO: Registration Section **Division of Corporations** OFF DUTY FISHING SERIES 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: Michael A. Scott, Esq. Name of Person The Dorcey Law Firm, PLC Firm/Company 10181 Six Mile Cypress Parkway, Suite C Address Fort Myers, FL 33966 City/State and Zip Code theoffdutylifestyle@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael A Scott 418-0169 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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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 TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations					
OFF DUT	TY FISHING SERIES LLC					
SOBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	nondence concerning this matter	to the following:				
	Michael A. Scott, Esq.					
		Name of Person				
	The Dorcey Law Firm, PL	С				
	Firm/Company					
	10181 Six Mile Cypress Parkway, Suite C					
		Address				
	Fort Myers, FL 33966					
		City/State and Zip Code				
	theoffdutylifestyle@gmail.c		<u> </u>			
For further information	eoncerning this matter, please of	to be used for future annual rep	oort notification)			
Michael A Scott	concerning this matter, piease of	239 418-0	1160			
Name of Person						
Name	or rerson	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 enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed			
Mailing Addre Registration		Street Addi Registrati				
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303