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Special Instructions to Filing Officer		
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Slime Mobile Bait and Tackle ShopllC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Larry M Coats Jr
Slime Mobile Bait and Tackle Shop LLC
2900 Loronet Ln #90le @
Jacksonville Fl 32207 City/State and Zip Code
Slimem Objle bait and tackle & yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Larry M. Coats Jr at (904) 383-7812 Name of Person at (904) Daytime Telephone Number
Enclosed is a check for the following amount:
E \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 7/07/23 and assigned Florida document number <u>L23000322427</u> 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 7900 Coronet Un #406 8

Enter Florida street address

Jacksonville Florida 32007

City Zin Code New Registered Office Address:

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.

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 = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambr	Larry M Coats Ir	2900 (oronet Ln#906	🛎 Add
	,	2900 (oronet Ln#906) Jacksonvile f1 32207	□Remove
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effective date e: If the date	if other than the is listed, the date me inserted in this lettive date on the lettive date on the lettive date on the lettive date.	use be specific an block does not	meet the appli	cable statutory	g or more than 90	(optional) days after filing nents, this date) g.) Pursuant to 605.02 will not be listed
ord specifies filed.	a delayed effect	ive date, but no	t an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day after th
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Filing Fee: \$25.00