L24 000 215 319

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
-
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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08/09/24--01025--013 **25.00

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Good day, I recently submitted an amendment wanting to update the authorized person (s) /member, that is not shown on file. I made an error by giving cash instead of the money order/ check. I've went to two post offices trying to see what happened with the mail I sent, but no answer. I finally decided to call you guys, and that's when I found out that, I was supposed to send in a money order instead of cash. They then stated that it was supposed to be sent back in the mail, but the post office stated it was lost, so now we're here. Apologies for any confusion.

Thank You.

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: CAN	Fred Fishing 1	_i_(^	
306.00.01;	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Marqi	AIS LEWIS Name of Person	and the second s
	Confice	Firm/Company	
	3019 Edge	uxter De	·
	<u>Orlando</u> F	TOCKTO 32 804 City/State and Zip Code	·
	E-mail address: ()	to be used for future annual report not	1. (c.s.)
For further information of	concerning this matter, please ca	all:	
Marchas I	of Person	at (<u>VS9</u>) <u>221</u> - Area Code Daytim	re Telephone Number
Enclosed is a check for t	he following amount:		
	□ \$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 Addre Registration Division of C	Section Corporations	Street Address: Registration Se Division of Con	porations
P.O. Box 630	7	The Centre of T	Callahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L.	ny as it now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000215319</u> .	were filed on _ May 18, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
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
AMBR	Marguis Leuis	3161 Split Willow Dr	
		Odando Fl 32808	□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			🗆 Remove
			□Change

o. trame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) retive 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d 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 ed.
Dated	August 07,2024.
	Signature of a member or authorized representative of a member
	August 07, 2024. Marquis Lewis Typed or printed name of signee

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