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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	Liberty County Ang	glers, Inc.				 	
DOCUMENT NUMBER:	N19000010142						_
The enclosed Articles of A	mendment and fee are sub	omitted for filing.					
Please return all correspond	lence concerning this mat	ter to the following	3:				
Ryan Faircloth							
		(Name of Contac	t Person])			_
Liberty County Anglers, In	c.						
		(Firm/ Comp	any)				_
22404 NE SR 20							
		(Address)				
Hosford, FL 32334							
		(City/ State and 2	ip Code)			
fairclothhoney@gmail.com							
	-mail address: (to be use	d for future annual	report n	otification	n)		, 505
For further information con	cerning this matter, please	call:					دين درو پ
Melissa Potter			850 at		591 7584	1	5
	(Name of Contact Person	1)	(Are	a Code)	(Daytime Telep	hone Number)	_ =
Enclosed is a check for the	following amount made p	ayable to the Flori	da Depar	tment of	State:	. ' (111
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is osed)	ATE	Ţ
Mailing /			Street A	ddress	ion.		

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Liberty County Anglers, Inc.			
Name of Corporation as currently filed with the F	lorida Dept. of State)		-
N19000010142			
(Documen	t Number of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the	: following
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorpo	orated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADL</u>	<u>/кезэ</u>)		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OV)		
(Maning address MAT BEAT OST OTTICE BO	<u> </u>		
		<u> </u>	-
D. If amending the registered agent and/or register new registered agent and/or the new registered		orida, enter the name of the	
Name of New Registered Agent:			
			<u> 36</u>
_		(Florida street address)	=====================================
New Registered Office Address:			*
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg			- 1
I hereby accept the appointment as registered agent.	I am familiar with and a	ccept the obligations of the position.	-ATE
	Signature of New F	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	$\overline{\underline{V}}$ $\underline{\underline{M}}$	hn <u>Doe</u> ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add × Remove	<u>P</u>	Jared Roberts	22404 NE SR 20 Hosford, FL 32334
 X Remove 2) X Change Add 	<u>P</u>	Ryan Faircloth	12600 NW Freeman Rd Bristol, FL 32321
Remove 3) Change Add X Remove	<u>T.</u>	Stephanie Roberts	22404 NE SR 20 Hosford, FL 32334
4) × Change Add	<u>T</u>	April Faircloth	12600 NW Freeman Rd Bristol, FL 32321
Remove 5) Change	<u>D</u>	Josh Potter	21888 NE Chester St
6) Change × Add	<u>S</u>	Melissa Potter	21888 NE Chester St Hosford, FL 32334
E. If amending or additional she		l Articles, enter change(s) here: iry). (Be specific)	

date this document was signed. Effective date <u>if applicable</u> : (no more than 90 days after amendment file date	
The date of each amendment(s) adoption:	7 (1) 6 21 Fil 1: 46n th
	2683 7.03 21 105 - 14 10.01
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document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	8/14/23 Dated					
	Signature					
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)					
	Jared Roberts					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					