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TOLSON
FEDERAL BUREAU OF INVESTIGATION
DIVISION OF CORPORATIONS

JAN 15 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FISH HOUSE PROPERTIES, LLC
Name of Limited Liability Company

19 DEC 13 PM 2:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

William I. Mueller
Name of Person
Viking Associates
Firm/Company
4 Executive Campus, Suite 100
Address
Cherry Hill, NJ 08057
City/State and Zip Code
wmueller@vikinggroup.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William L. Mueller 856 488-2514
Name of Person at () 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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FISH HOUSE PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

DIVISION OF CORPORATIONS
19 DEC 13 PM 2:34:0

The Articles of Organization for this Limited Liability Company were filed on November 20, 2006 and assigned Florida document number L06000112229.

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)

c/o Viking Associates

4 Executive Campus, Suite 100

Cherry Hill, NJ 08002

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Viking Associates

4 Executive Campus, Suite 100

Cherry Hill 08002

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: _____

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

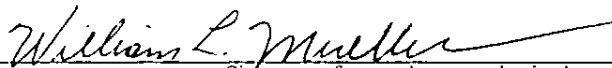
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	J.S. FAMILY HOLDINGS, INC.	1550 AVENUE C	<input type="checkbox"/> Add
		RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIKCO, INC.	4 EXECUTIVE CAMPUS, SUITE 100	<input checked="" type="checkbox"/> Add
		CHERRY HILL, NJ 08002	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 10, 2019


Signature of a member or authorized representative of a member

William L. Mueller
Typed or printed name of signee