

L15-000069876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

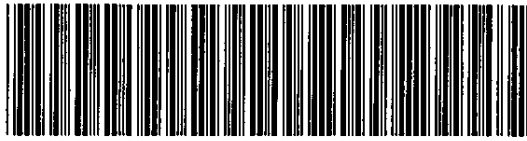
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800280109758

12/21/15--01028--007 **25.00

FILED
15 DEC 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 22 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Island Fish, LLC
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:

Agatha Orfanos
Name of Person

Blue Island Fish, LLC
Firm/Company

4801 Linton Blvd 5B
Address

Delray Beach, FL 33445
City/State and Zip Code

kookia23@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agatha Orfanos at (561) 502-0584
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Blue Island Fish, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 21, 2015 and assigned Florida document number L15000069876

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

4801 Linton Blvd 5B
Delray Beach FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4801 Linton Blvd 5B
Delray Beach FL 33445

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:

Agatha Orfanos

New Registered Office Address:

4801 Linton Blvd 5B

Enter Florida street address

Delray Beach, Florida

City

FILED
15 DEC 21 PM 5:33
CLERK OF CIRCUIT COURT
IN AND FOR
FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

RECEIVED
 15 DEC 20 3 33 PM
 OFFICE OF STATE
 FILED HASSELL, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changing mailing & filing address to:
4801 Linton Blvd 5B
Delray Beach FL 33445

FILED
15 DEC 21 PM 3:33
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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 17, 2015.

Agatha Orfanos
Signature of a member or authorized representative of a member

Agatha Orfanos
Typed or printed name of signee