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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations				
FLYING F	TSH 9 AVENUE B LLC				
SUBJECT:	TSH 9 A VENUE B LLC  Name of Lin	nted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FREDERICK MATTHEV	vs			
		Name of Person			
		Firm/Company			
	124 E SHORE DR				
		Address			
	KEY LARGO FL 33037				
	FMTBIRDINTL@GMAIL				
	E-mail address: (	to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all;			
FREDERICK MATTHEWS		305 8074858 Area Code Dayti			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	ne following amount:				
<b>■</b> \$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		Street Address:	· · · · · · · · · · · · · · · · · · ·		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of			
Tallabassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLYING FISH 9 AVENUE B 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 JANUARY 16, 2020 and assigned Florida document number <u>L20000024014</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLYING FISH 9 AVE BILLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address City

## 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>	Type of Action
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Filing Fee: \$25.00