*103000020313

| (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



300266506783

11/20/14--01008--023 **55.00

FILED
2014 NOV 20 PM 3: 47
SECRETARY OF STATE

EXAMINER DEC - 5 2014

J. DANIEL BREDE

Professional Association Attorney at Law

Suite 201, East Building 1900 N. W. Corporate Blvd. Boca Raton, Florida 33431 Telephone (561) 241-8996 Facsimile (561) 241-7859 jdbrede1@ bellsouth.net

November 17, 2014

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: COOLA FISHBAR, LLC amended to FISHBAR LIQUIDATING CO.,

LLC

Dear Sir/Madam:

Enclosed you will find the original and a duplicate copy of the Articles of Amendment to Articles of Organization of COOLA FISHBAR LLC; and a check payable to the Secretary of State in the amount of \$55.00. Please send us a certified copy of same in the enclosed envelope.

If you have any questions, please contact me.

Sincerely,

DANIEL BREDE

JDB:rc Enclosures

COVER LETTER

TO:

| TO: | Registration Sec Division of Corp | | | | |
|--|--------------------------------------|---|---|--|--|
| cun Ir | COOLA F | FISHBAR, LLC | | | |
| SUBJE | C1; | Name of Limite | d Liability Company | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| The end | closed Articles of A | Amendment and fee(s) are submi | itted for filing. | | |
| Please 1 | return all correspon | ndence concerning this matter to | the following: | | |
| | | J. DANIEL BREDE, E | SQ. | | |
| | | - | Name of Person | | |
| | | J. DANIEL BREDE, P | .A. | | |
| | | | Firm/Company | | |
| | | 1900 NW CORPORA | TE BLVD., SUITE 201E | AST | |
| | | | Address | | |
| BOCA RATON, FL 33431 | | | | | |
| | | | City/State and Zip Code | | |
| | | JDBREDE1@BELLSC E-mail address: (to | be used for future annual report no | iification) | |
| For fur | ther information c | oncerning this matter, please cal | | | |
| J. DA | NIEL BREDE | | 561 242-899 | 6 | |
| | Name o | f Person | Area Code Daytii | ne Telephone Number | |
| Enclose | ed is a check for th | ne following amount: | | | |
| \$2 | 5.00 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/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3 | orations Center Circle | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 NOV 20 PM 3: 47
TALLAHASSEE. FLORIDA

COOLA FISHBAR, LLC

company has been notified in writing of this change.

(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 Liab | oility Company v | vere filed on 06/03 | 3/2003 | and assigned |
|--|--------------------------|-------------------------|----------------------|-----------------------|
| Florida document number L03000020313 | <u> </u> | | | |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of the | <u>he limited liabil</u> | ity company here: | | |
| FISHBAR LIQUIDATING CO., LLC | | | | |
| The new name must be distinguishable and end with the wor | rds "Limited Liabi | ity Company," the desig | gnation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | same | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BO | OX) | | | |
| | | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered off | ice address on ou | r records, enter | the name of the new |
| registered agent and/or the new registered onic | te auuress nere | • | | |
| Name of New Registered Agent: | same | | | |
| Name of New Registered Agent. | | | | |
| New Registered Office Address: | | | | |
| , | | Enter Florida s | treet address | |
| | | 0: | , Florida | Zip Code |
| N 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | City | | Zip Code |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe | and complete p | performance of my | duties, and I am | familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: FILED MGR = Manager 2014 NOV 20 PM 3: 47 Type of Action AMBR = Authorized Member TALLAHASSEE, FLORIDA __ Add <u>Title</u> Name Address same □ Remove _ Add ☐ Remove _□ Add ☐ Remove ☐ Add ☐ Remove □ Add ■ Remove ☐ Add ☐ Remove

| . If amending any other information | n, enter change(s) here: (Attach addition | onal sheets, if necessary.) |
|--|---|--|
| • | | |
| | | _ |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| Effective date, if other than the date (The effective date must be specific, cannot the date this document is filed by the Florida.) | ate of filing: be prior to date of receipt or filed date and cannot lead a Department of State) | (optional) be more than 90 days after |
| Dated | <u>2014</u> | |
| 1. Tank | ie | |
| Si | gnature of a member or authorized representative | of a member |
| JAMES K, TAUBE | | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

