## Florida Department of State Digision of Corporations Electronic Filing Wover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (305)416-6800 Fax Number : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FISHER ONE, LLC

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Corporate Filing Menu

Help

## TO ARTICLES OF ORGANIZATION

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FISHER ONE, LLC		
(Name of the Limite	d Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>ı')</u>
The Articles of Organization for this Limited Lie Florida document numberL05000014437	ability Company were filed on 2/10/2005	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we		" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter</u> <u>s here</u> :	the name of the new registe
Name of New Registered Agent:	ADAMS GALLINAR, P.A.	202
New Registered Office Address:	1000 BRICKELL AVENUE, SUITE 300	2 HA
NOW NEBISION STITE TOWN COS.	Enter Florida street addre.	
	MIAMI , F	lorlda <u>33131</u>
	City	Zip Colla:
New Registered Agent's Signature, if changing b		-
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my duties, a stered agent as provided for in Chapter 605, registered office address, I hereby confirm fl	and I am familiar with and F.S. Or, if this document is and the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
		□Remove	
		<u> </u>	Change
			□ Add
		□Remove	
		☐ Change	
		□Remove	
		Change	
		Remove	
			Change
		Remove	
			Change

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Note:	(optional)  frective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Date	d MAY 13 , 2022
	VV 19/1/1
	Signature of a member or authorized representative of a member

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