L08000024848

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COVER LETTER

TO:

Registration Section

Division of 0	Corporations		
Fishbust	terz Madeira Beach LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are si	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Charles Renier		
		Name of Person	
		Firm/Company	
	13625 Gulf Blvd		
		Address	
	Madeira Beach, FL 3370	8	
	juli@keywestfresh.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report no	tification)
For further information	concerning this matter, please		,
Juli Christ		727 398-7268	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number L08000024848 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
The Articles of Organization for this Limited Liability Company were filed on 63/10/2008 and Florida document number L08000024848 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 of the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
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inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	_	
If amending the wages and		
. If amending the registered agent and/or registered office address on our records, enter the name of the n gent and/or the new registered office address here:	<u>iew registe</u>	
and the address liefe.		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
120 a cat at		
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 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>	Address	Type of Action
AMBR	Eric Dickstein	1211 Margaret St	
		Key West, FL 33040	= Add
			Remove
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	Charles Renier								

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Filing Fee: \$25.00