

LO9000084112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

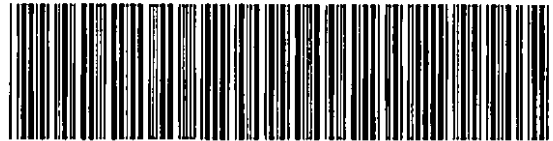
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04/29/20--01010--003 **20.00

12/18/19--01033--008 **35.00

2020 APR 13 A 10:08

FILED

LLC
Amend.

APR 14 2020

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2020 APR 13 11:11:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2020

LUZ ORTIZ
3700 NW 124TH AVE # 118
CORAL SPRINGS, FL 33065

SUBJECT: FISH'S WHOLESALE LLC
Ref. Number: L09000084112

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$20.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

PLEASE DATE, SIGN AND LIST THE NAME OF THE PERSON SIGNING ON THE LAST PAGE OF THE DOCUMENT UNDER SECTION "E" OF THE AMENDMENT. ALSO, WE ARE RETURNING YOUR \$55 CHECK AS WE HAVE \$35 ALREADY AND WE WILL NEED A CHECK IN THE AMOUNT OF \$20 TO FINISH COVERING THE FILING FEE AND CERTIFIED COPY FEE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 020A00004355



2020 FEB 24 11:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2020

LUZ ORTIZ
3700 NW 124TH AVE # 118
CORAL SPRINGS, FL 33065

SUBJECT: FISH'S WHOLESALE LLC
Ref. Number: L09000084112

We have received your document for FISH'S WHOLESALE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 220A00001332

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fish's Wholesale 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:

Luz Ortiz
Name of Person

Fish's Wholesale LLC
Firm/Company

~~3700 NW 124th Ave #118~~ 3700 NW 124th Ave #118
Address

Coral Springs, FL 33065
City/State and Zip Code

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

For further information concerning this matter, please call:

Luz Ortiz at (954) 346-7474
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Fish's Wholesale LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 APR 13 A 10

The Articles of Organization for this Limited Liability Company were filed on August 31, 2009 and assigned Florida document number LO9000084112.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3700 NW 124th Ave #118
Coral Springs, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3700 NW 124th Ave #118
Coral Springs, FL 33065

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

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

4/1/2020

Kuz. Oliz

Signature of a member or authorized representative of a member

Luz Ortiz

Typed or printed name of signee