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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fish Ristorante 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:
Alyse Sinzieri Name of Person
Rest Group, UC
4236 GOIF Shore Blud N
City/State and Zip Code Five Sinz @ Gol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Alyse Sinzieri at () 297 2089 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fish Restaurant (Name of the Limited Liability Compan) (A Florida Limited Liability)	y at it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	QOV and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Fish Ristorante, LLC The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same	700 SEP -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>e</u> :	enter the name of the new
Name of New Registered Agent:	<u>Same</u>	
New Registered Office Address:	Enter Florida street uddress	
	, Flor	ida
	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

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>	Name	Address	Type of Action
M6NB	Alyse Sinzieri	812 Belville BKd	□ Add
		Naples, FL 34104	Remove
		(address change only))_D change
			🗖 Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		-	D Add
			□ Remove
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fan effe Note:	ye date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated .	916
	Signature of a member or authorized representative of a member
	Signature of a member of auditorning representation

Page 3 of 3

Filing Fee: \$25.00