L12000079582

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SECKLIANY OF STATE
AND COSEE FI DRIDA

C. LEWIS

AUG 1 3 2012

EXAMINER

TO:	Registration S Division of Co				
		and the state of t	· · · · ·	٠.;	æ
SUBJE	ect.	Finn-Ati	c Fish Co. LLC	• 1	
	# · · ·	······································	ted Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			maa maa		
			Eric Finn		
			Name of Person		
		F	inn-Atic Fish Co. LLC		
			Firm/Company		•
		14	6 Via D Este Apt. 1011		
		1. T.	Address		•
		De	elray Beach, FL 33445		
			City/State and Zip Code		-
		e	eric.finn@yahoo.com		
		E-mail address: (to be used for future annual report	notification)	
For fur	ther information	concerning this matter, please o	all:		
		Eric Finn	at (561)	789-8316	
Name of Person			nytime Telephone Numbe	ŕ	
Enclos	ed is a check for	the following amount:			
√ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certifie	ate of Status &

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

TO ARTICLES OF ORGANIZATION OF

FILED

Finn-Atic I	Fish Co. LLC	12 AUG 10 PM 3: 13		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea d Liability Company)	re on our records)		
		TALLAHASSEE, FLORIDA		
The Articles of Organization for this Limited Liability Compa	ny were filed on	June 14, 2012 and assigned		
Florida document number <u>L12000079582</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Comp	nny," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1		
				
Enter new mailing address, if applicable:	 			
(Mailing address MAY BE A POST OFFICE BOX)				
				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the new		
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 Age	<u>nt:</u>			
II was a sand the more between the more between the most made		and the state of t		
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co				
accept the obligations of my position as registered agent a	as provided for in C	hapter 608, F.S. Or, if this document is		
being filed to merely reflect a change in the registered off, company has been notified in writing of this change.	ice address, I herebj	v confirm that the limited liability		

or Managi	ing Member being added or re	moved from our records:	-
MGR = M MGRM =	lanager Managing Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Eric Finn	146 Via D Este Apt. 1011 Delray Beach, FL 33445	Add ✓ Remove
MGRM	Lisa Finn	146 Via D Este Apt. 1011 Delray Beach, FL 33445	☐ Add ✓ Remove
MGR_	Eric Finn	146 Via D Este Apt. 1011 Delray Beach, FL 33445	✓ Add Remove
MGR_	Lisa Finn	146 Via D Este Apt. 1011 Delray Beach, FL 33445	
			Add Remove
	· / /		Add Remove
		nter change(s) here: (Attach additional sheets, if neces ny shall be manager-managed.	:sary.)
 Dated	August 🖇		FILED 12 AUG 10 PM 3: SECRLTAKY OF STALLAHASSEE, FLO
	Signature	of a member of authorized representative of a member	FATE ORDA
	**************************************	Eric Finn Typed or printed name of signee	

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Filing Fee: \$25.00