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(Ci	ty/State/Zip/Phone	: #)
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COVER LETTER

TO:	Registration Division of	on Section Corporations	
emb it		Fisher Enterprises LLC	
SUBJE	.cr:	Name of Limited Liability Company	
The enc	closed Article:	es of Amendment and fee(s) are submitted for filing.	
Please	return all corre	respondence concerning this matter to the following:	
		Jill DiSalvo	Status &
		Name of Person	
		DiSalvo & Associates PLLC	
		Firm/Company	
		1760 N Jog Road Suite 150	
		Address	
		West Palm Beach, FL 33411	itus &
		City/State and Zip Code	
		jdisalvo@d-acpa.com E-mail address: (to be used for future annual report notification)	
For fur	ther informati	ion concerning this matter, please call:	
Jill Dis	Salvo	561 659-1177 at ()	
	Na	ame of Person Area Code Daytime Telephone Number	
Enclose	ed is a check f	for the following amount:	
\$2:	5.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

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

Jason Fisher Enterprises LLC (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 2/15/2013 and assigned Florida document number L13000024457 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J Fish LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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>	<u>Name</u>	Address	Type of Action
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an effective date is fisted, the date must be s lote: If the date inserted in this block of	specific and cannot be paid	rior to date of filing or m olicable statutory filin	ore than 90 days after filing g requirements, this date	.) Rursuant to 605.0 viil not belisted
ocument's effective date on the Depart	lment of State's reco	rds.		;. W
e record specifies a delayed eff The 90th day after the record		not an effective t	ime, at 12:01 a.m.	on the earlier
lated July 27	$\sqrt{\frac{2017}{2017}}$	<u>/</u> .		
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Sien	ature of a member or a	uthorized representative	of a member	

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Filing Fee: \$25.00