1/2/2014

## Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000000935 3)))



H140000009353ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON

Account Number : 076666003611

: (941)748-0100

Fax Number

: (941)745-2093

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHINY FISH, LLC

THE THE PARTY PARTY WAS ARRESTED TO THE PARTY OF THE PART	THE PERSONNEL PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAMED OF THE PERSON NAMED OF THE PERSON NAMED IN
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

(JAN 0 3 2014

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shiny F			
(Name of the Limited Liability Com (A Florida Limite	ipany as it now a d Liability Comp	ppears on our records.) any)	<del>_</del>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000175772</u> .	ny were filed on	12/20/13	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability compan	v here:	
The new name must be distinguishable and end with the words "L".L.C."	imited Liability (	Company," the designation "LI	.C" or the abbreviatio
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		·	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ALEAHASSEEF S	₹ m
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address ere:	on our records, enter the	e name of the nev
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 Agen	<u>ıt</u> ı		
I hereby accept the appointment as registered agent and a			

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

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(((H14000000935 3)))

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Nancy Weber	27 Bald Nob Road	Add
		Denville, New Jersey 07834	Remove
			Add
			Remove
			Add
			2011   TAIP
<del></del>			The second secon
	·		Remove
			Remove
	-		Add
			Remove

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(((H14000000935.3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated January 2 2014
Forma From
Signature of a member or authorized representative of a member
Rebecca Preston, manager

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Filing Fee: \$25.00

2014 JAN -2 AH 10: 40