

L14 000000843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

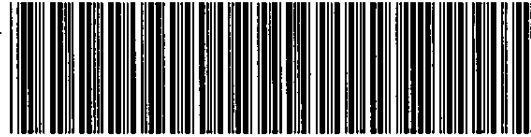
(Business Entity Name)

(Document Number)

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FILED
2014 JAN 10 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Giffen JAN 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paddlefish 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:

Perkane Johns
Name of Person
Paddlefish LLC
Firm/Company
783 Killarney Court
Address
Merritt Island FL 32953
City/State and Zip Code
Sunsalt58@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Perkane Johns at (321) 302-5804
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 JAN 10 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PaddleFish 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 1/3/14 and assigned
Florida document number L14006000843

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 end with 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)

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:

Name of New Registered Agent:

Perkane Johns

New Registered Office Address:

783 Killarney Ct.

Enter Florida street address

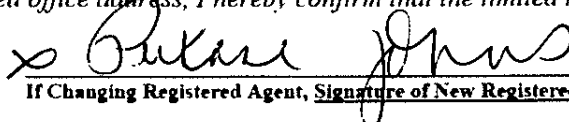
Merritt Is., Florida 32953

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen Johns	783 Killarney Ct.	<input type="checkbox"/> Add
		Merritt Is, FL 32953	<input checked="" type="checkbox"/> Remove
MGR	Perkane Johns	783 Killarney Ct.	<input checked="" type="checkbox"/> Add
		Merritt Is, FL 32953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: 1/15/14 (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 ☒ 1-8-2014 . 2014 .

☒ Perkane Johns

Signature of a member or authorized representative of a member

Perkane Johns

Typed or printed name of signee

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Filing Fee: \$25.00

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2014 JAN 10 PM 12:57
STATE
TALLAHASSEE, FLORIDA