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	Document Number)	
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OLVISION OF COMPOSITION

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COVER LETTER

SUBJECT:	It's TIME F	OShING Char- ited Liability Company	ters
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ljudmi	La Ro drigues	2
		Firm/Company	
	1873	SE 5/	
	Даре	Cork H 33 City/State and Zip Code T. NM 38 @ G.mai Co to be used for future annual report notific	1990
	its Time p E-mail address: (1	TMM 38 @ gmail	cation)
For further information of	oncerning this matter, please ca	_	,
Lodmila	Rochguer	at (335) 440 Area Code Daytime	-375 <u>x</u>
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

TO:

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

The Till (Name of the Limited I)	UE FISHIN iability Company as it now a Florida Limited Liability Comp	ppears on our records.)	er, Lu	<u> </u>
The Articles of Organization for this Limited Liabi		n <u>3/20/15</u>	and assig	ned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability compar	ny here:		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company	" the designation "LLC" or th	e abbreviation "L.L	C."
Enter new principal offices address, if applicabl	e:			<u> </u>
(Principal office address MUST BE A STREET A	(DDRESS)		<u> </u>	<u> </u>
			20	<u> 65</u>
				(1) 2 (1) (1) (1) (1) (1) (1) (1)
			P	
Enter new mailing address, if applicable:				
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>			
			ဒ္ဓ	;;;;
B. If amending the registered agent and/or registered agent and/or the new registered office		s on our records, <u>ent</u> e	er the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	r Florıda street address		
		, Florida		
_	Ciţ		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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Jose M. RodrigvEZ	1823 SE Spl Cape Coral, Fl 33990	🗷 Add
			Remove
			_
			□ Add
			Remove
			
			□ Add
			Remove
			_
		·	_D Add
			_ Remove
			_
	William Control of Con		_D Add
			□ Remove
			
			_D Add
			_□ Remove

	FILED.
	SECRETARY OF STATE DIVISION OF CORPORATION
	15 APR 1-0 PM 2: 3
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or f the date this document is filed by the Florida Department of State)	(optional) iled date and cannot be more than 90 days after
(The effective date must be specific, cannot be prior to date of receipt or f	
Dated 4/6, 15	

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Filing Fee: \$25.00