L15000066295

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)	•			
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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06/15/15--01007--014 **25.00



COVER LETTER

	Division of (Corporations							
οΥ		NFISH RESTAURANT HOLDIN	GS LLC	,					
21	JBJECT:								
The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Pl	ease return all corre	spondence concerning this matter	to the following:						
		J. Matthew Marquardt, Esc	q .						
			Name of Person						
		MacFarlane Ferugson & M	fcMullen, P.A.						
	Firm/Company								
	625 Court Street								
	Address								
	Clearwater, FL 33756								
	City/State and Zip Code								
	jmm@macfar.com								
	E-mail address: (to be used for future annual report notification)								
Fo	r further informatio	n concerning this matter, please c	all:	•					
A	shleigh Arnett		727 441-8966 at ()						
	Natt	te of Person	Area Code Daytime	Tolephone Number					
Eo	closed is a check fo	r the following amount:							
	\$25.00 Filing Fee	Solution Status 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

TO:

Registration Section

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 2015 JUN 15 PM 3: 14 SECRETARY OF STATE FALL AHASSEE, FLORIDA

Zip Code

CLOWNFISH RESTAURANT F			
(Mame of the 14th	(A Florida Limited Liabi	s if now appears on our records.) Iny Company)	
he Articles of Organization for this Limited	Liability Company we	re filed on April 16, 2015	and assigned
orida document number LI5000066295			
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE			
	_	, , , , , , , , , , , , , , , , , , ,	
nter new malling address, if applicable:			
<u> Mailing address MAY BE A POST OFFIC</u>	E BOX)		
			·
. If amending the registered agent an	il/or registered office	address on our records on	er the name of the
gistered agent and/or the new registered		addition of the records, the	er the name of the
Name of New Registered Agent:	Lisa Smithson		
New Registered Office Address:	11201 Corporate Ci	rcle North, Ste. 120	
STATE OF PRINCIPLES AND		Enter Florida street address	
	St. Petersburg	Floride	33713

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.

City

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 Title Name <u>Address</u> Type of Action _ Add □ Remove _□ Change DbA C □ Remove _ Change _□ Add □ Remove ☐ Change DbA 🗆 □ Remove ☐ Change _□ Add □ Remove Change ☐ Remove

_ Change

. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
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-		
		
		MIS JUN 15
		IN 15 H
		- F. S
		W 3 14
		
Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ent's effective date on the Department of State's records.	505.0207 (3)(b) isted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	dier of:
Dated_	June 11 . 2015.	
	Signature of a member or authorized representative of a member	
	Lisa Smithson	
	Tonad or printed name of come.	

Page 3 of 3

Filing Fee: \$25.00