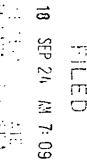
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TO:

TO:		of Co	rporations					
CHDICA	CT.	K	zgan	Zdan	· Fi	sherie	5,4	_ (_
SUBJE	C1:			Name of Lin	nited Liability Co	empany	<u> </u>	
The enc	losed Art	icles o	f Amendment a	ind fee(s) are sub	omitted for filin	g.		
Please re	eturn all c	corresp	ondence conce	rning this matter	r to the followin	ā:		
				Eliza	beth	Kaga	~	
					Name of	Person		
				Kagan	Law	Fira	~	
					Firm/Co	mpany		
				3191	College	Pkuy	Site	303
					Addr	ess		
				Fuct	Vuyers City/State and	FLori	da 33	919
					1 Z @ La			
For furth	her inforn	nation	concerning this	matter, please of		ure annuar repo	in nonneadon)	
5 1	1.7 abc	th	Kagna		-3 ·	7.4	166 - 116	<u> </u>
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	of Person		at (<u></u> Area	Code i	Daytime Teleph	one Number
Enclose	d is a che	ck for	the following a	mount;				
\$25.	.00 Filing	Fee		Filing Fee & cate of Status	Certifie	Filing Fee & d Copy al copy is enclose		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Kagan Zdan	Fisheries, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	_
The Articles of Organization for this Limited Liability Colorida document number	ompany were filed on August 18, 2016 at	nd assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	ited liability company here:	
Kagan Fisheries he new name must be distinguishable and contain the words "Lim	, (LC &	
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviati	on "L.L.C."
nter new principal offices address, if applicable:	7.5 m	0 =
Principal office address MUST BE A STREET ADDI	(ESS)	
nter new mailing address, if applicable: <u>failing address MAY BE A POST OFFICE BOX)</u>		7: 10
If amending the registered agent and/or regis gistered agent and/or the new registered office add	tered office address on our records, <u>enter the n</u> ress here:	ame of the n
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 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

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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in effective date is listed, the ote: If the date inserted i	e date must be specific an	id cannot be prior to o		n 90 days after filing.)	
cument's effective date of			s manager of the	memory, and dust	Tim not be tisted
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record specifies a c The 90th day after t			n effective time,	at 12:01 a.m. (on the earlier
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Eli	doctor 1	P.15/			
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Page 3 of 3

Filing Fee: \$25.00