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Special Instructions to Fi	lina Officer:	···
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2020 AUG 24 AM 8: 23
SECRETARY OF STATE

Office Use Only



## COVER LETTER

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

Fish V	Whisle Holdings LLC		
ж.	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fec(s) are su	bmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	Martin Mohr		
		Name of Person	
	Fish Whistle Holdings Ll	I.C	
		Firm/Company	
	4560 S 25th Street		
	<del></del>	Address	<del></del>
	Fort Pierce/FL 34981		
		City/State and Zip Code	<del></del>
	twomohrweeks@gmail.co		
-	E-mail address:	(to be used for future annual report not	ification)
For further informat	tion concerning this matter, please	call:	
Martin Mohr		954 6654553 at ()	
Na	ame of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ec \$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 Ac		Street Address:	ation
_	ion Section of Corporations	Registration Se Division of Co	
P.O. Box	-	The Centre of	<del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Fish Whistle Holdings LLC

company has been notified in writing of this change.

2020 AUG 24 AM 8: 23

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on ou Liability Company) 5	ECRETARY OF STA	<del></del> īE
The Articles of Organization for this Limited Liability Company		TALLAHASSEE, FL	
Florida document number 1.16000200036	were med on	an	d assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "I.I.C" or the abbreviation	on "L.I.,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 th	e new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t address	
		F3 * 1	
	City	, Florida Zip (	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr		ty I further garee to	comply with the
provisions of all statutes relative to the proper and complete	performance of my du	ties, and I am familia	r with and
accept the obligations of my position as registered agent as			
being filed to merely reflect a change in the registered office			

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicole Bentler	4560 S 25th Street	■Add
		Fort Pierce/FL 34981	□Remove
			Change
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		<del> </del>	□ Remove
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ective date, if other than th	e date of filing: (optional)	
effective date is listed, the date mite: If the date inserted in this b	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	605.020 listed a
cord specifies a delayed effecti s filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ed July 30	2020	
		_
·	Signature of a member or authorized representative of a member	
Martin Mohr		