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To:	Division of Corporations	Āσ	2	
	Fax Number : (850)617-6383	SECRETARY TALLAHASSI	2021 NOV	
From:			٧O	-11
	Account Name : FL PATEL LAW PLLC	SS	F	
	Account Number : 120170000097	[T] - (\sim	111
	Phone : (727)279-5037	<u> </u>	PH	B
	Fax Number : (727)888-1294			1
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	the email address for this business entity to be used for future	IDE A	9	
ann	ual report mailings. Enter only one email address please.**			
Ema	11 Address: DavidBuchek11@gmail.com			

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	T ARTICLES OF (AMENDMENT O DRGANIZATION DF	FILE 2021 NOV - 2 SECREINRY TALLAHASSER
Fish A	MI, L.L.C. (<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	W -2 PH 2: 1
Florida document nu This amendment is se	nization for this Limited Liability Company mber <u>L17000001135</u> ubmitted to amend the following: ne, <u>enter the new name of the limited liab</u>		and æssigned
Enter new principa	istinguishable and contain the words "Limited Liab I offices address, if applicable: Iress MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
	address, if applicable: <u>AY BE A POST OFFICE BOX)</u>	11764 Shirburn Circle Parrish, FL 34219	

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:	David Føster Buchek	
New Registered Office Address:	11764 Shirburn Circle	
Hew Registered Office Address.	Ent	er Florida street address
	Partish	, Florida ³⁴²¹⁹
	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Brian Reilly	200 Bridge Street	DAdd
		Bradenton Beach, FL 34217	ERemove
			Change
MGR	David Foster Buchek	200 Bridge Street	■Add
		Bradenton Beach, FL 34217	🗍 Remove
			🛛 Change
<u> </u>	<u></u>		
			🗋 Change
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			CRemove
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			🖸 Remove
			ÎClunge
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of filin		(option	31

<u>Note:</u> If the date inserted in this block does not meet the applicable standory ming requirements, this date with not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

November 1 Dated	2021	SEÛRÊ NLLAH	1021 NC	
	GT-	IARY	2- VC	
	Signature of a member or authorized representative of a member	E. FL	РĦ	۳) ص
	Brian Reilly	OR	2:	
	Typed or printed name of signee	DE A	6	