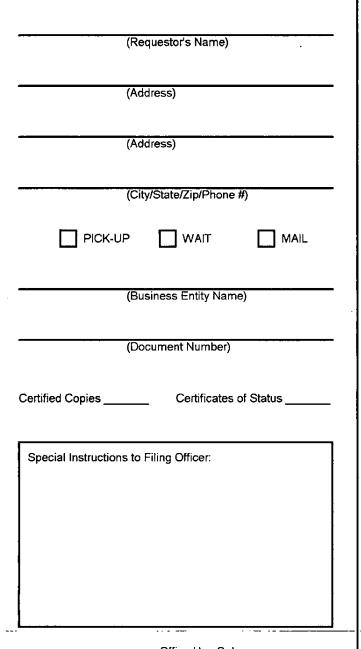
L17000053971





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17 APR 10 PH 1: 25

Office Use Only

J. HARRIS

COVER LETTER

SUBJECT: FE	Rame of Limited	Sh LLC Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitte	ed for filing.			
Please return all correspondence concerning this matter to the following:					
	Jamaria	Name of Person			
	feed Yo	CIFISH LLC Finn/Company	<u>. </u>		
	MITANG	Cino Sta	2t		
	Clearus	THE FE 33	755		
	E-mail address: (to be	used for future annual report notifical	. COM		
For further information co	ncerning this matter, please call:				
DCIWCIL Name of	Ian Junes Person	at (22) 274 - Area Code Daytime Te	- OLO 3 2		
Enclosed is a check for the	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:

TO:

Registration Section
Division of Corporations

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2017

JAMARIAN JONES 1111 TANGERINE STREET CLEARWATER, FL 33755

SUBJECT: FEED YA FISH ENTERTAINMENT LLC

Ref. Number: L17000053971

We have received your document for FEED YA FISH ENTERTAINMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00006048

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leed Va fish	Entertainment LLC.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 170055397	were filed on 3/8/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
Feed Vo Fish U The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1111 Tangerine Street
(Principal office address MUST BE A STREET ADDRESS)	Clearworks, Fr. 33755
Enter new mailing address, if applicable:	APR I
(Mailing address MAY BE A POST OFFICE BOX)	- <u>- 일본</u>
	1: 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the ne
	z.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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.

Page 1 of 3

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 = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			Remove
			Change
		·	Remove
	•		☐ Change
			Add
			□ Remove
	·		☐ Change
			□ Add
			☐ Remove
			□ Change
			Add
			Remander
			Change CONCE
	1 4 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	·	□ Add 28
			☐ Remove
			□ Change

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
_			
			
_			
_			
_			
		•	
_			
			
<u>lote:</u> li ocumei e recc	e date, if other than the date of filing:	e listed a	s the
ated _	4/6/17		
	Signature of a member of authorized representative of a member	17 APR 10	
	Typed or printed name of signee Page 3 of 3	PH	COSTON AT
	Filing Fee: \$25.00	(A)	<u>.</u>

Filing Fee: \$25.00