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06/16/2022

D	06/16/2022 Asc#12016000072
	Acc#I20160000072
Name:	FLYING FISH INVESTMENTS, LLC
Document #:	
Order #:	14390759
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Thank you!

COVER LETTER

TO: Registration Se Division of Cor			
	Investments, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	indence concerning this matter		
	Alexi Apelado		
		Name of Person	
	Flying Fish Investments, I.	l.C	
		Firm/Company	
	1 S Orange Avenue, Suite I	200	
		Address	
	Orlando, Fl. 32801		
		City/State and Zip Code	
	aperkins@launchthat.com		
	E-mail address: (i	to be used for future annual report notific	cation)
For turther information c	oncerning this matter, please co	all:	
Amy Perkins		407 625-1119 a1 ()	
Name 0	el Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addre- Registration	Section	Street Address: Registration Sect	
Division of C		Division of Corp	
P.O. Box 631 Tallahassee,		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2022 JUNI 16 PM 12 50 OF

Flying Fish Investments, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L17000110790	y were filed on May 18 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Linb	ility Company," the designation "LLC" or t	he abbreviation "L.L.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 agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet address	
	, Florida	
	Cm	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 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	Carving on Edge, LLC	2423 S. Orange Avenue	
		Suite 1!1	■Remove
		Orlando, FL 32806	DChange
MGR	Brian Wilson	1 S. Orange Avenue	
		Suite 200	_
		Orlando, FL 32801	
			JAdd
			CIReniove
			Change
		<u> </u>	□Add
			□Remove
			□Add
			(Thange
			□Add
			□Remove
			□Change

. If amending any other info	rmation, enter change(s) here: (Attach odditional sheets, if necessary.)	
<u></u>		
		
		
		
Note: If the date inserted in the	n the date of filing:	0207 (3 d as th
the record specifies a delayed efford is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	the
Dated June 15	2022	
R. M.S.		
Br an P Ailson (Jun 14, 2022)	Signature of a member or authorized representative of a member	
Brian Wilson		
<u>-</u>	Typed or printed name of signee	