## 117000139503

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  d Copies Certificates of Status  al Instructions to Filing Officer:
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:

Office Use Only



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## **COVER LETTER**

Divi	sion of Corp	porations		
SUBJECT:	Hakuna Fi	sheries, LLC		
30131.			ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Sonya I. Laney		
			Name of Person	
		Sonya L Laney CPA, PA		
			FirmvCompany	
		5131 S Ridgewood Ave St	e F	
			Address	
		Port Orange, FL 32127		
		<del></del>	City/State and Zip Code	
		slaney@sonyalaney.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	all:	
Sean Wilson	ה		386 689-1083	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 Fi	ling Fee	S30.00 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** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hakuna Fisheries LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000139503</u> .	were filed onJune 27, 2017	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	929 N Beach St				
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL 32117				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 1737 New Smyrna Beach, FL 32170				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:		er the name of the new			
	7 (11) (1) (1) (1) (1) (1) (1) (1) (1) (1				
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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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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record specifie The 90th day af			ate, but no	et an effecti	ve time, at 12	2:01 a.m. on t	he ear	lier
ted		July 3	2017					
97	/							
			···-	<del></del>	ative of a member			

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Filing Fee: \$25.00