## L17000181524

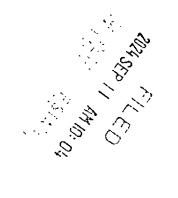
(Requestor's Name)
(Address)
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## **COVER LETTER**

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Tallahassee, FL 32314

	Registration So Division of Cor				
SUBJEC	Profferfish	LLC			
SUBJEC	-1: <u> </u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Heather DePalma			
			Name of Person		
		Profferfish			
			Firm/Company	· · · · · ·	
		1002B S. CHURCH AVE., #10211			
	1002B S. CHURCH AVE., #10211  Address				
		Tampa, FL 33629			
		heather@profferfish.com	City/State and Zip Code	<del></del>	
For furth	er information o	E-mail address: ( concerning this matter, please co	to be used for future annual report no	otification)	
	DePalma	oncerning this matter, please c	an. 813 404-0941		
		of Person	at ()	ime Telephone Number	
Enclosed	I is a check for t	he following amount:			
<b>■ \$25</b> .	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 Registration		Street Address: Registration S	Section	
	Division of C	Corporations	Division of C	orporations	
	P.O. Box 632	27	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Doos

Profferfish, 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 Comp Florida document number $\frac{1.17000181524}{1.000181524}$	pany were filed on	08/24/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," tl	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del>-</del> ·	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on ou	r records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
registered Street Address.	Enter 1	Florida street address	
		. Florida	
	City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hardhy account the approintment as modern a law as 1			1

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
COO	Amy Crosby	220 S Gunlock Ave	<b>≡</b> Add
		Tampa, FL 33609	□Remove
			□Change
		<del>.</del>	□Add
			□Remove
		<del> </del>	□Change
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ective date, if other than the effective date is listed, the date mu- te: If the date inserted in this bl ument's effective date on the D	lock does not meet the appl	licable statutory filing i	(optional) than 90 days after filing requirements, this date	.) Pursuant to 605.020 will not be listed a
cord specifies a delayed effectiv s filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
September 3	2024			
ed Tropicion of the		•		
ed September 3  Weaker Workship	NO Signature of a member or au			