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	(Requestor's Name)
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-	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
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C. BRUMBLEY

COVER LETTER

	egistration Se ivision of Cor						
eud ie <i>e</i> t	FISH FITN	ESS LLC					
SUBJECT	i ——	Name of Limited Liability Company					
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please retu	m all correspo	ndence concerning this matter	to the following:				
		CALVIN WOOD					
			Name of Person				
			Firm/Company				
		7131 GULF HIGHLANDS	S DR				
			Address				
		PORT RICHEY, FL 34668	3				
			City/State and Zip Code				
		fishfitness.55@gmail.com					
		E-mail address; (to be used for future annual report no	tification)			
For further	information c	oncerning this matter, please ca	all:				
CALVIN	WOOD		813 526-4840 at ()				
	Name o	f Person		me Telephone Number			
Enclosed i	s a check for th	ne following amount:					
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	lailing Addres		Street Address:	aution			
Registration Section Division of Corporations			Registration Section Division of Corporations				
	.O. Box 632		The Centre of Tallahassee				
Ţ	allahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FISH FITNESS 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 were filed on $\frac{08/29/17}{}$ and assigned Florida document number L17000184466 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," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address Cin

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>	<u>Name</u>	Address	Type of Action
MGR	DARRYL COOPER JR	3233 MASONVILLE LOOP HOLIDAY, FL34691	□Add
			= Remove
			□Change
			🗆 Add
			□Remove
			Change
			Remove
			🗆 Change
			□Add
			□Remove
			□Add
		<u></u>	□Remove
			□ Change
			□ Add
			□Remove
			□Change

### CALVIN WOOD **Effective date, if other than the date of filing: (optional) (fan offective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 **Mate:* If the date instend in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of Stale'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 ecord is filed. Duted **Open Process Stale of Figure 1: 15:00 process of a member o). If amendi	ing any other inform	ation, enter change((s) here: (Attach add	itional sheets, if	necessary.)	
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