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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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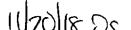




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COVER LETTER

O: Registration SDivision of Co			
	ed Fish Social Club, LLC		
UBJECT:	Name of Lim	ited Lability Company	
enclosed Articles o	f Amendment and fee(s) are sub	mitted for tiling.	
ese return all corresp	ondence concerning this matter	to the following:	
	Noel M Rodriguez		P. 23
	The Bearded Fish Social C	Name of Person Tub, LLC	d i
		Firm/Company	
	733 NE 18 AVE		က် လိ
	FORT LAUDERDALE, F	Address L 33304	
	NOELMRODRIGUEZ@G	City/State and Zip Code MAIL.COM	
	E-mail address; (to be used for future annual report notification)	
turther information	concerning this matter, please ea	ail:	
10FL RODRIGUEZ		305 733-6663 at ()	
Name	of Person	Area Code Daytime Telephone N	Kumbei
losed is a check for t	the following amount:		
N25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Regisi Divisi	JNG ADDRESS: ration Section on of Corporations 30x 6327	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building	ESS:

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Т.	H	1:	В	13	١R	D	E	D	\mathbf{F}	IS.	F	SOC	Ľ	١i	ι.	Ш	UH	В

(Name of the Limite		any as it now appea Liability Company)	ars on our records.)	
· Articles of Organization for this Limited Li	ability Company	$\sqrt{\text{were filed on } \frac{0}{2}}$	3/27/2018	and assigned
oda document number £18000077837				
s amendment is submitted to amend the follo	owing:			
	•	*1*4		
If amending name, enter the new name of	the united har	omty company r	<u>iere</u> :	
new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the	designation "LLC" o	or the abbreviation "L.L.C."
ter new principal offices address, if applic	ahla:	N/A		20 A
incipal office address MUST BE A STREE			······································	
meipur office uduress Proof 121. 13711121.	* 711212111			Therefore the state of the stat
				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(or new mailing address, if applicable:		N/A		či 🔾
ailing address MAY BE A POST OFFICE BOX)				· 60
If amending the registered agent and/oistered agent and/or the new registered of Name of New Registered Agent:			ar our records, y	enter the name of the
	N/A			
New Registered Office Address:		Enter Flo	orida street address	
			Flori	da
		City		Zip Code
w Registered Agent's Signature, if changing R	egistered Agent:	<u>:</u>		
erchy accept the appointment as registered wisions of all statutes relative to the property the obligations of my position as registery filed to merely reflect a change in the responsy has been notified in writing of this design.	er and complete stered agent as	performance of provided for in	f my duties, and Chapter 605, F.S	l am familiar with and 8. Or, if this document is
				·

** amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Manager Manager

NMBR = Authorized Member

tu <u>te</u>	<u>Name</u>	Address	Type of Action
+ iR 	ROBERTO LEOCI	733 NE 18 AVE FORT LAUDERDALE, FL 33304	
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	(S. 17)
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ive date if other than the date of filings	(optional)
ective date is listed, the date must be specific and cannot be prior t	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020
If the date inserted in this block does not meet the applica ent's effective date on the Department of State's records.	ble statutory filing requirements, this date will not be listed a
	an effective time, at $12:01$ a.m. on the earlier α
90th day after the record is filed.	
10/30/18	
10/50/18	
// lal/)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00