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(Requestor's Name)
(Address)
(Address)
(Addicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(0.15.11.000 2.100)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor				
CIID IE		AR, FISH, MEAT, LLC			
SUBJE	CI:	Name of Limi	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		indence concerning this matter			
		IZHAK KASHANI			
			Name of Person	***	
			Firm/Company		
		9472 HARDING AVENU	Ε		
			Address		
		SURFSIDE, FL 33154			
		Tzlilkashani@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual re	eport notification)	
For furth	her information c	oncerning this matter, please ca	all:		
IZHAK KASHANI			305 577-	-0454 Daytime Telephone Number	
,	Name o	f Person	: Area Code	Daytime Telephone Number	
Enclose	ed is a check for th	he following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o	f Status & py
		-1.			
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registratio Division o Clifton Bu	COURIER ADDRESS: on Section of Corporations of diding cutive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	
Enter new principal offices address, if applicable:	N/A	·*·17.
(Principal office address MUST BE A STREET ADDRESS))	
		Sio:
		1 937 1 937
Enter new mailing address, if applicable:	N/A	3
(Mailing address MAY BE A POST OFFICE BOX)		¥ APP C
		⇔
		2 0 0 X
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have a SNA		enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
		rida
	Citv	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 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
AMBR	AVRAHAM MIZRACHI	19355 TURNBERRY WAY.	Add
		APT#3	■ Remove
		AVENTURA, FL 33180	□ Change
			☐ Remove
			☐ Add
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
			☐ Remove
			☐ Change

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Filing Fee: \$25.00