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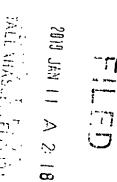
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COVER LETTER

TO: ▼Registration Sec Division of Corp		>		
уду	Beauti ful Fis	· la		
SUBJECT:		>t \ ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Julia Sanchez		
		Name of Person	 	
		(ARR)		
		Firm Company	77.1	_
	383	3 NE 167 th St	MIL ATTACK	
		Address		
	Nor	t Miami Beach FL,		. ,
		City/State and Zip Code	<u> </u>	ب
	E-mail address; (hfulfishuc@amid	<u> </u>	œ
For further information co	oncerning this matter, please ca	_		
Tulio	Sanchez	275 . 1227	(A).	
Name of		Area Code Daytime	Telephone Number	
Enclosed is a check for the	-	5.17	542	
[H] \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	[#\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[4]\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos	

MAILING ADDRESS:

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

OF
Beautiful Fish
(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 2011 HVUL, 10 and assigned Florida document number <u>L18000090221</u>. 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 "L.L.C." 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 City

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
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Filing Fee: \$25.00