## 1800125702

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	FISHLAMI	3, LLC		
SUBJE	:C1:	Name of Lim	ited Liability Company	<del> </del>
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ADEL A AL CHOUFI NA	IIM	
			Name of Person	
		FISHLAMB, LLC		
			Firm/Company	· <u></u> ·
		160 ANDALUSIA AVE		
			Address	
		CORAL GABLES, FL 331	141	
		ACCOUNTING@CCGTA:	City/State and Zip Code X.COM	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
CRUZ	CARCASES		305 928-1080	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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 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

FISHLAMB, LLC	n our records )
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/18}{100000000000000000000000000000000000$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	3
he new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u></u>
	3
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	(n)
3. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here:	ur records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
	ı street address

## 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.

City

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>	<u>Address</u>	Type of Action
AMBR	RBS FAMILY FOODS LLC		
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ffective date, if other than the date of filing:		(optional)		
f an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the locument's effective date on the Department of State's r	be prior to date of filing or more is applicable statutory filing re	than 90 days after filmg.)		
e record specifies a delayed effective date, t The 90th day after the record is filed.	out not an effective time	e, at 12:01 a.m. c	on the earli	ier of
Dated,,	<del></del>			
	// A / / /			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00