

LIB000203326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

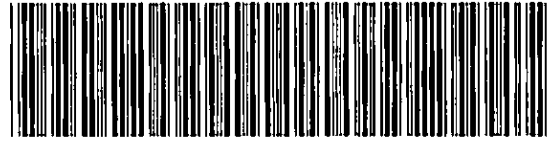
(Document Number)

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09/26/18--01016--006 **25.00

FILED
18 DEC 26 PM 1:46
TALLAHASSEE, FLORIDA

K. SALY
DEC 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2018

PHEONIX REEF AQUARIUMS LLC
FOMI OGAWA
13931 SW 161 TERRACE
MIAMI, FL 33177

SUBJECT: PHOENIX REEF AQUARIUMS LLC
Ref. Number: L18000203326

We have received your document for PHOENIX REEF AQUARIUMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete, missing two pages. Enclosed is an amendment document for your convenience. Please complete and return complete document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00020400

2018 NOV -5 PM 3:19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2018

PHOENIX REEF AQUARIUMS LLC
FUMI OGAWA
13931 SW 161 TERRACE
MIAMI, FL 33177

SUBJECT: PHOENIX REEF AQUARIUMS LLC
Ref. Number: L18000203326

We have received your document for PHOENIX REEF AQUARIUMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please fill in hi-lited area on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00022909

2018 DEC 26 PM 3:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHOENIX REEF AQUARIUMS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FUMI OGAWA
Name of Person

PHOENIX REEF AQUARIUMS LLC
Firm/Company

13931 SW 161 TERRACE
Address

MIAMI FL 33177
City/State and Zip Code

FUKAKI20@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FUMI OGAWA at (786) 553-3655
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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

PHOENIX REEF AQUARIUMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
18 DEC 26 PM 1:46
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08-24-2018 and assigned
Florida document number L18000203326

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

Florida

City

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>	<u>Address</u>	<u>Type of Action</u>
Treasurer	FUMI OGAWA	13931 SW 161 Terrace MIAMI FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

18 DEC 28 PM 1:46
FILED
TAMPA
FL
COUNTY

2014年11月10日

FILED
18 DEC 26 PM 1:46
FBI - TAMPA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12-05, 2018

Joshua Chalk
Signature of a member of authorized repres.

Signature of a member or authorized representative of a member

Foni Ogawa

Typed or printed name of signee