118000 211996

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300325777173

03/08/19--01006--001 **25.00

2019 1:3-8 AM 8: 23

Hound

MAR 18 7079 I ALBRITTON

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Predatory Fir			
			ed Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Lisa Mixner		
		Fins, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:		
		Predatory Fins, LLC		
			Firm/Company	
		160 NW 24th St. Bay 12-16		Code Innual report notification) 430-7944 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status of Status Certified Copy
			Address	
		Boca Raton, FL 33496		
		livefish@predatoryfins.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report no	tification)
For further i	nformation co	ncerning this matter, please cal	l:	
Lisa Mixner				
	Name of	Person	Arca Code Daytii	ne Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 h	Filing Fee		Certified Copy	Certificate of Status &

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

Predatory Fins, LLC			
(Name of the Lim	ilted Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) my)	-
The Articles of Organization for this Limited	Liability Company were filed or	n <u>9/5/2018</u> and	assigned
Florida document number L18000211996	 ·		
his amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	y 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 appli	icable:		<u></u>
Principal office address MUST BE A STRE	ET ADDRESS)		
		·	
Enter new mailing address, if applicable:		2010	<u>.</u>
Mailing address MAY BE A POST OFFICE	<u> </u>		: 1
			3 I
		;	早 [1]
B. If amending the registered agent and egistered agent and/or the new registered of	1/or registered office address office address here:		جب
			22
Name of New Registered Agent:	Reinaldo Arguelles		
New Registered Office Address:	6001 Coral Way		
	Enter	Florida street address	
	Miami	, Florida 33155	
	City	Zip Coo	le

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
MGR	Lisa Mixner	5547 N Military Trail, Apt 2404, Boca Raton, Fl. 33496	⊟ Add
			□ Remove
			Change
			Remove
			☐ Change
			□ Remove
			☐ Change
		<u> </u>	□ Add
			☐ Remove
		 	Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			□ Change

						_
						
						_
						_
- ,						_
		 .				
						_
						_
						
						_
					-	_
						_
						-
			·			-
		-				-
***************************************						-
 -						_
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific a block does no	and cannot be prior of meet the applic	able statutory fil	more than 90 days af	tional) er filing.) Pursuant to 60 nis date will not be lis)5.0207 (ited as t
ne record specifies a dela The 90th day after the			t an effective	time, at 12:01	a.m. on the earl	ier of:
Dated March 6th		2019	1			
	1		,	<i>7 1</i>		
	Shanature of	a/member or apth	orized representati	ve ofla member	,	

Page 3 of 3

Filing Fee: \$25.00