## 118000258446

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor		<b>.</b>				
BigFish98 1	LLC .	•				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Bradford L. Osings					
		Name of Person	<del></del>			
	BigFish98 LLC					
		Firm/Company				
	108 Paradise Harbour Blv	d Suite 514	<b>2</b> 02 SE			
		Address	3 AU			
	North Palm Beach, FL 33	408	2023 AUG 18 SECRETAR' TALLAHA			
		City/State and Zip Code	OF STATE			
	bradowings98@gmail.com	to be used for future annual report not	T(n) w			
For further information c	oncerning this matter, please c		☐ <b>8</b>			
Brad Owings		913 558-0727				
Name o	T Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for the	he 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		Street Address:	oution			
Registration Section Division of Corporations		Registration Se Division of Co				
P.O. Box 632	27	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BigFish98 LLC (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 11/02/2018 and assigned Florida document number \_\_\_\_\_L000258446 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 "LLC." 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) ᆮ 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

## 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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		West Palm Beach, FL 33406	Remove
			Change
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			SECRETARY OF TALL AHASSES
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ocument's effective	date on the Department	of State's records.				
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Filing Fee: \$25.00

Typed or printed name of signee