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COVER LETTER

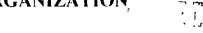
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TO:

TO: Registration Se Division of Co			
SUBJECT:	Fisher Entero	Mises LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alex	Fish ex Name of Person	
		Enterprises LL	<u></u>
		na Blud Address	
	St. Anywet	we FZ 32086 City/Slate and Zip Code	
	E-mail address: (. entupises. LLc. to be used for future annual report n	Fla Cyma; 1.com
For further information c	oncerning this matter, please ca	all:	
Alex	Lisher	at (<u>704</u>) <u>81</u> Area Code Dayı	3-4765
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne 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)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Corp	
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2010 ---

Fisher	ENTRY PASES. LLC	OCT 14 AM 9: 10
(Name of the Limited	Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on1	23 2019 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi	-	r records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
	City	, Florida
	Ciņ.	rigi szina

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 ador removed from our records:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
Membe	Eric Fisher	247 Shores Blud St. Angustine Pr 320	& Add
		St. Angustine & 30	86 □ Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00