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(Req	uestor's Name)	
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(City)	/State/Zip/Phone	#)
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COVER LETTER

TO: Registration S Division of Co			,
SUBJECT: Fig	Sher Enterpl Name of Lin	rises LLC nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	-	
·	· ·	-	
	Alex	Fisher Name of Person	
		Name of Person	
	fisher	Enter prises L	<u>LC</u>
	214	Deltone Blud Address	
	St. A fisher	Conterprises - LLC to be used for future annual report notific	086 c, fla @gmail, 60~
For further information	concerning this matter, please ca		canon)
A/e k	らい of Person	at (104) 8/3 - Area Code Daytime	Telephone Number
Enclosed is a check for a	the following amount:		
22.8 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 Addre		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 633		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fisher Ente	worises, LLC	
Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1906024306</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS		
	4/10	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered offi	ce address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office address here:		ده. س
Name of New Registered Agent:	NIA	·
New Registered Office Address:	F . 19 . 1	
	Enter Florida street aa	
	City	, Florida 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 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>	Name	Address	Type of Action
Membe	Eric Fisher	247 Shares Blud	□Add
		St. Anjushhe FL 32086	& Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
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	Article III
_	Article III. Other provisions, if any:
_	From: Consulting Business
_	To: Any and all lawful Bushess
_	
_	
_	
-	
_	
fan effed Note: T	te date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the d.
Dated _	12/16 2019 .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00