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

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5K	Fish Fryn S	peafood, LLC ted Liability Company	
	Amendment and fee(s) are subt	-	
Please return all correspo	ndence concerning this matter t	to the following:	
	Kenneth	Bullard Name of Person	
	_ 5K Fish	Fry n Seafood, L	<u>.(C</u>
	14500 NW	Address	
	Opa Lock	City/State and Zip Code	
	5 K Fish	fry@gmailcom	lication)
For further information of	concerning this matter, please co	all:	
Kenneth Name o	Bullard of Person	at (<u>305</u>) <u>244</u> - Area Code Daytima	7243 e Telephone Number
Enclosed is a check for t	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	3 <u>5:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

II.ED

EU POLE	< O 1	1 C	2013 [7-3 PH 12: 28
5K Fish Fry (Name of the Umited) (A	Liability Company as it n Florida Limited Liability	ow appears on our ompany)	r records.)	SIEE, FI
The Articles of Organization for this Limited Liab			_	-
Florida document number <u>L 190000</u>	27814.			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability con	npany here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	any," the designation	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(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>			
		<u></u>		
B. If amending the registered agent and/or regagent and/or the new registered office address		on our records	, <u>enter the nam</u>	e of the new registere
Name of New Registered Agent:	Kenneth	Bullard		
New Registered Office Address:	14500 N	W 27 Av Enter Florida stre	et address	
	Opa Lock	ica	, Florida	3305 4 Zin Code
	•	,		Zip Code
New Registered Agent's Signature, if changing Re	· · · · · · · · · · · · · · · · · · ·			a
I hereby accept the appointment as registered provisions of all statutes relative to the proper				

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 liquility

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	Denaya Bullard	2929 SW 134 Ave	□ Add
		Miramar, FL 33027	Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove

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		1100	PH 2:
			2
Effective date, if other than the date of filing:	(optio	nol)	
If an effective date is listed, the date must be specific and cannot be prior to d	ate of filing or more than 90 days after	filing.) Pursua	nt to 605.0
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory timig requirements, this	date will no	i de usied
e record specifies a delayed effective date, but not an effective time, rd is filed.	at 12:01 a.m. on the earlier of: (b)	The 90th	day after t
in is med.	/		
Dated May 3 , 2023/1.			
	/</td <td></td> <td></td>		
Signature of a member or authorize	ed representative of a member	 	

Filing Fee: \$25.00