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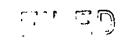
C. GOLDEN SEP 22 2020

## **COVER LETTER**

	herman LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Sean Delaune
	Name of Person
	Lil Fisherman LLC
	Firm/Company
	1317 Edgewater Dr #1429
Division of Corporations  Lil Fisherman LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Sean Delaune  Name of Person  Lil Fisherman LLC  Finn/Company  1317 Edgewater Dr #1429  Address  Orlando, FL 32804  City/State and Zip Code  sd4129@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sean Delaune  Sean Delaune  1504  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{Se0.00 Filing Fee} \text{Se0.000 Filing Fee} \text{Certified Copy (calibrood copy is enclosed)}	
	Orlando, FL 32804
	City/State and Zip Code
	<del></del>
	E-mail address: (to be used for future annual report notification)
For further information	ion concerning this matter, please call:
Sean Delaune	
N	
Enclosed is a check	for the following amount:
<b>■ \$25.00 Filing F</b>	Certificate of Status Certified Copy Certificate of Status &
_	<del>_</del>
	•
Tallahas	ee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Lil Fisherman LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it a Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability C	Company were fi	iled on 02/12/2019 and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lim	ited liability co	mpany here:
The new name must be distinguishable and contain the words "Lim	nited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Edgewater Dr
(Principal office address MUST BE A STREET ADDI	RESS) #142	9
		ndo, FL 32804
Enter new mailing address, if applicable:		Edgewater Dr
(Mailing address MAY BE A POST OFFICE BOX)	#142	9
	Orlan	ndo, FL 32804
Name of New Registered Agent.	d office address  Delaune  Edgewater Dr #14	
Orland	do	, Florida 32804
<del></del>	Cit	

## 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
	<del></del>		□Add
			□ Remove
			□Change
	<u></u>		
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			□Change

	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blod document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed a	07 (3 as th
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ie
Dated August 02	2020	
<del></del>	Signature of a member or authorized representative of a member	
SEAN DELAUNE	Typed or printed name of signce	

. . . .

Filing Fee: \$25.00