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# **COVER LETTER**

Registration Section

TO:

Division of Cor	porations				
cup rect	Fishir	g Fever LLC			
SUBJECT:	Name of Limi	ted 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:			
		Sonia Becerra	····		
		Name of Person			
		Swyft Filings, LLC			
	Firm/Company				
	3 Gre	enway Plaza #1320			
		Address			
	Houston, Texas 77046				
		City/State and Zip Code			
	SOP(	@legalcorpsolutions.co	om Jication)		
For further information e	oncerning this matter, please co	-			
Sonia Becerra		a <sub>1 (</sub> 877)777-04	450		
Name o	f Person	Area Code Daytim	ie 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)		
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations		

Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Fishing Fever LLC

- Little Company as it is	now appears on our records.)
(Name of the Limited Liability Company as it ) (A Florida Limited Liability)	Company)
	03/15/2019
The Articles of Organization for this Limited Liability Company were fi	led on and assigned
The Articles of Organization for this Limited Liability Company were in	
Florida document numberL19000073852	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
Belli-Sea LLC	,
The new name must be distinguishable and contain the words "Limited Liability Com	many," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words. Thinned Datasing Same	Parity and a second sec
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
(Principal office dauress stost bi. A Stranting of the	70
<del></del>	5 - 7
Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office a	iddress on our records, enter the name of the n
registered agent and/or the new registered office address here:	
and British I Lawrence	
Name of New Registered Agent:	
N. D. C. J. Office Addresses	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
<del></del>	Zity 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 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>	<u>Address</u>	Type of Action
AMBR	BELLISARI, STEVE	1601-1 N MAIN ST #3159	
		JACKSONVILLE, FL 32206	Remove
		1004 1 N 144 1 OT 10450	☐ Change
AMBR	BELLISARI, ANDY	1601-1 N MAIN ST #3159	🗖 Add
		JACKSONVILLE, FL 32206	Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change
			Remove
			Change

f amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del>- , - , - , - </del>		
<del></del>		
lote: If the o	te, if other than the date of filing:	0207 ( d as t
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie day after the record is filed.	r of:
ated	10/11/19 2019 MAZOM	
	Signature of a member of authorized representative of a member	
	GŘEG BELLISARI	
-	Typed or printed name of signee	

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Filing Fee: \$25.00