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COVER LETTER

	Registration Sec Division of Corp			
CHD IEC"				
SUBJEC	•		ited Liability Company	
DMG Fisheries, LLC. Substance Substan				
Please rett	urn all correspon	ndence concerning this matter	to the following:	
SUBJECT The enclos Please retu Bryan Sag		Bryan Sagar		
			Name of Person	
		DMG Fisheries, LLC.		
		····	Firm/Company	
		819 SE 17th Street		
			Address	.
		Deerfield Beach, FL 3344	1	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
Bryan Sa	_		561 414-3154 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25,00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMG Fisheries, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	ny were filed on May 1st, 2019	and assigned
Florida document number L19000118000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li \bigvee / \bigwedge		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	7019 AUG -8 PM SELCRE IN ASSEE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our recor ere:	ds, enter the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	N/fA Enter Florida street addr	224
		Florida <u>V//A</u>
	City	Zin Coda

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>	Name	<u>Address</u>	Type of Action
MGR	Bryan Sagar	819 SE 17th Street	.
		Deerfield Beach, FL 33441	■ Add
			□ Remove
			Change
AR	BEYAN SAGAR		🗀 Add
			Remove
			☐ Change
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lf an cfl <u>Note:</u>	ive date, if other than the date of filing:	5.0207 ed as
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er o
Dated	SHT August 75T. 2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00