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2019 JUL 18 PH 2: 2



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COVER LETTER

TO:	Registration Sec Division of Corp			
enone		ropical Fishes, LLC		
SUBJE	C1:	Name of Limit	ted Liability Company	
The end	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please 1	eturn all correspor	ndence concerning this matter t	o the following:	
			James L Vincent	
			Name of Person	
		Exe	otic Tropical Fishes, LLC	
			Finn/Company	
			18169 Baywood Drive	
			Address	
			Naples, FL 34114	
		jame	City/State and Zip Code s@exotictropicalfishes.com	187
		E-mail address: (t	o be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	dl:	
	James L	Vincent	239 287-8443	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ S2	5.00 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 ADDRESS:

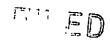
TO:

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



Ex	totic Tropical Fishes, LLC	2019 JUL 18 PH 2: 29
(Name of the Limit	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L. Florida document number L19000170036		and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
Enter new principal offices address, if applic	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and registered agent and/or the new registered o		ds, enter the name of the new
Name of New Registered Agent:	James L Vincent	
New Registered Office Address:	Enter Florida street addi	ess
	, I	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 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	James L Vincent, SR	18169 Baywood Drive Naples, FL 34114	
			Remove
			☐ Change
AMBR	James L Vincent	18169 Baywood Drive Naples, FL 34114	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
		□ Remove	
			Change
			Add
		☐ Remove	
			Change
			Add
			□ Remove

-		
F - Effective date if other than t	he date of filing:	(ontional)
 (If an effective date is listed, the date) 	must be specific and cannot be prior to date of block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) tutory filing requirements, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the r		ffective time, at 12:01 a.m. on the earlier of:
Dated	2019	
Qualet 311	as cent	
Comment of a	Signature of a member or authorized re	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00