

L19000 193 426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

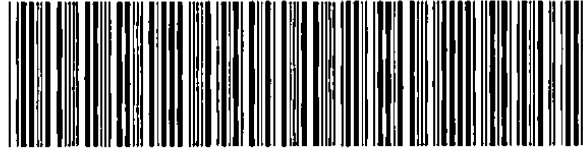
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

PHAT FISH TACO & BURGERS LLC

JECT: _____
Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

e return all correspondence concerning this matter to the following:

CHRISTOPHER HEIN

Name of Person

Firm/Company

67 FOREST PARK DRIVE

Address

SANTA ROSA, FL 32459

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

RISTOPHER HEIN

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

osed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PHAT FISH TACO & BURGERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 07/29/2019 and assigned
document number L19000193426.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable: 67 FOREST PARK DRIVE
Principal office address MUST BE A STREET ADDRESS SANTA ROSA, FL 32459

Enter new mailing address, if applicable: 67 FOREST PARK DRIVE
Mailing address MAY BE A POST OFFICE BOX SANTA ROSA, FL 32459

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CHRISTOPHER HEIN

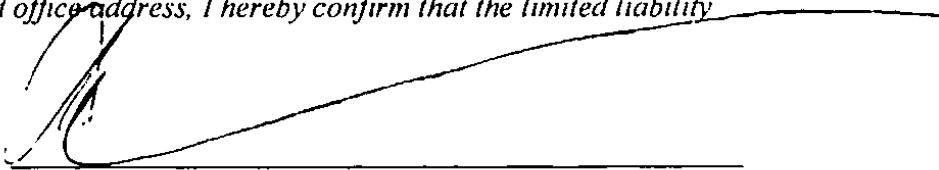
New Registered Office Address: 67 FOREST PARK DRIVE
Enter Florida street address

SANTA ROSA, Florida 32459
City Zip Code

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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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

! = Manager
iR = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
FRANK WHATLEY	1201 E. 14TH COURT	<input type="checkbox"/> Add
	PANAMA CITY, FL 32401	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

_____, 2024



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

entative of a member

FRANK WHATLEY

FRANK WHATLEY

Typed or printed name of signee

Filing Fee: \$25.00