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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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DEC O P. 2020 LALBRITTON

COVER LETTER

Division of Co			
SUBJECT: F	ISH N FLE	ex luc	
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Robe	Name of Person	111
	FI	SH N FLEX Firm/Company	<u> LLC</u>
	16281	Haynie Ln Address	
		City/State and Zip Code	
	E-mail address: (HNFLEX @ GM, to be used for future annual report notif	HLL.COM ication)
For further information of	concerning this matter, please c	all:	
Rob Chamizo at 5 Name of Person Are		at (561_)	Z-8049 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)
Mailing Address			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CICIL NI CIEY 110

FISH N PLLA CC	
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	our records.)
ne Articles of Organization for this Limited Liability Company were filed on	
orida document number <u>L 2 00000 63300</u> .	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u> </u>
Enter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
Maning duaress MAT DE A 1 091 0. 1102 DOIN	
	<u></u>
B. If amending the registered agent and/or registered office address on our recor agent and/or the new_registered office address here:	ds, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida s.	treet address
New Registered Office Address: Enter Florida s	trect address , Florida

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 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
MGR	Roberte Chamizo III	16281 Hagnie La Jupiter, FL 37	478 BAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I, Roberto Chamizo III, am the owner
of the company. Per my bank's policy,
I, Roberto Chamizo III, am the owner of the company. Per my bank's policy, I need to be listed as "HGR"
inci Dac 41 4i46 ~ AP"-
Thank und very much for your
help! If you have any agestions
Thank you very much for your help! If you have any guestions or concerns - please feet free to call
561-632-8049.
E. Effective date, if other than the date of filing:
If the 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.
Dated 10/21/20- Oct. 21, 2020.
Signature of a member or authorized representative of a member
Roberto Chamizo III Typed or printed name of signee