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(City/State/Zip/Phone #)

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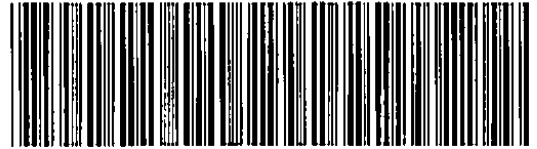
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 29 PM 5:18

D. BRUCE
AUG 11 2020

TO: Registration Section
Division of Corporations

BIG FISH RESTAURANT GROUP, LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jane E Patterson

Name of Person

BIG FISH RESTAURANT GROUP, LLC

Firm/Company

3918 Luverne Street

Address

Fort Myers, FL 33901

City/State and Zip Code

robert995@comcast.net

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

For further information concerning this matter, please call:

Jane E Patterson

219

616-2543

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

RECORDED
TALLAHASSEE, FL

Enclosed 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

TO
ARTICLES OF ORGANIZATION
OF

BIG FISH RESTAURANT GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/4/2020 and a
Florida document number L20000120009.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida
City

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

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TALLAHASSEE, FL

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	Robert M Patterson IV	2255 Katherine Street	<input type="checkbox"/> A
		Fort Myers, FL 33901	<input checked="" type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input type="checkbox"/> C
			<input checked="" type="checkbox"/> A
			<input checked="" type="checkbox"/> R
			<input checked="" type="checkbox"/> C
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			<input type="checkbox"/> C

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated June 18 2020

James E. Patterson
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00