

L20 000193004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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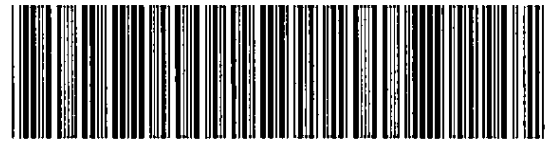
(Business Entity Name)

(Document Number)

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2020 SEP 25 PM 4:14
TALLAHASSEE, FL

FILED

D. BRUCE
NOV 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRESH CATCH FISH FRY & MORE, LLC

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:

SHAMETRA L. YARNS

Name of Person

FRESH CATCH FISH FRY & MORE, LLC

Firm/Company

1224 SW AVE C PLACE

Address

BELLE GLADE, FLORIDA 33430

City/State and Zip Code

i.metra05@gmail.com

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

For further information concerning this matter, please call:

SHAMETRA L. YARNS

561 578-1542
at ()

Name of Person

Area Code

Daytime Telephone Number

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

2020 SEP 25 PM 1:14
TALLAHASSEE, FL
FBI 77D

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

FRESH CATCH FISH FRY & MORE, 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 07/07/2020 and assigned
Florida document number L20000193004.

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 "L.L.C."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Type of Action</u>
MGR	GREGORY B. YARNS	1224 SW AVE C PLACE	<input checked="" type="checkbox"/> Add
		BELLE GLADE, FLORIDA 33430	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAMETRA L. YARNS	1224 SW AVE C PLACE	<input type="checkbox"/> Add
		BELLE GLADE, FLORIDA 33430	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL
FBI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE NAME "SHAMETRA L. INMAN" NEEDS TO BE CHANGED TO "SHAMETRA L. YARNS"

FILED
2020 SEP 25 PM 4:14
TALLAHASSEE, FL

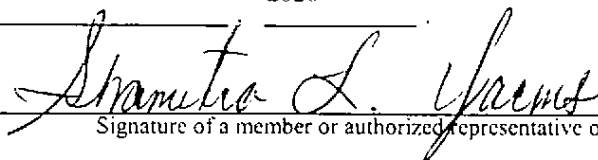
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 SEPTEMBER 20 2020



Signature of a member or authorized representative of a member

SHAMETRA L. YARNS

Typed or printed name of signee