

L20 000287948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

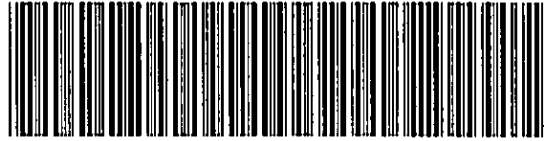
(Business Entity Name)

(Document Number)

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2020 SEP 24 PM 12:28
TALLAHASSEE, FL

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NOV 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fish Rack 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:

Thomas Scott Helms

Name of Person

Fish Racks LLC

Firm/Company

2367 Foxworth Drive

Address

Panama City Florida 32405

City/State and Zip Code

scotthelms@comcasat.net

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

For further information concerning this matter, please call:

Scott Helms

850 866-0958
at ()

Name of Person

Area Code

Daytime Telephone Number

2020 SEP 24 PM 12:26
TALLAHASSEE, FL

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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

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

Fish Rack 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 Sept. 14, 2020 and assigned
Florida document number L20000287948.

This amendment is submitted to amend the following:

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

Fish Racks LLC

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)

2367 Foxworth Drive

Panama City, FL 32405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2367 Foxworth Drive

Panama City, FL 32405

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:

Same

New Registered Office Address:

Same

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2020 SEP 21 PM 12:28
TALLAHASSEE, FL
REC'D
TALLAHASSEE, FL

Only changing name to Fish Racks LLC

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 _____, _____.

Thomas Scott Helms

Signature of a member or authorized representative of a member

Thomas Scott Helms

Typed or printed name of signee

Filing Fee: \$25.00