

L21000009245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

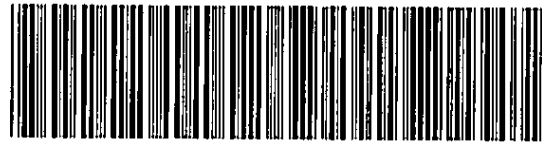
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/21--01031--003 **35.00

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2021 JUL 28 AM 10:50

Albritton

JUL 31 2021

ALBRITTON



RECEIVED

2021 JUL 28 AM 7:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2021

KEITH OLVER
281 DUVAL CT
WESTON, FL 33326 US

SUBJECT: AK FISHERIES LLC
Ref. Number: L21000009245

We have received your document for AK FISHERIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 121A00014862

Resubmit with
Correct Form

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AK FISHERIES 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:

KEITH OLVER
Name of Person

AK FISHERIES
Firm/Company

281 DUVAL CT.
Address

WESTON, FL 33326
City/State and Zip Code

akfisheries@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Olver at (954) 347-7936
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: PAID Already

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

AK FISHERIES 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 12/30/2020 and assigned
Florida document number L21000009245

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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2021 JUL 28
AM 10:50

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:

N/A

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 appointing 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>
<u>T</u>	<u>AUSTIN OLVER</u>	<u>277 DUVAL CT</u>	<input type="checkbox"/> Add
		<u>WESTON, FL 33326</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>T</u>	<u>LONI OLVER</u>	<u>281 DUVAL CT</u>	<input checked="" type="checkbox"/> Add
		<u>WESTON, FL 33326</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>D</u>	<u>ADAM CHANDLER</u>	<u>37346 RUTLEDGE DR.</u>	<input type="checkbox"/> Add
		<u>ZENYPHERHILLS, FL 33541</u>	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

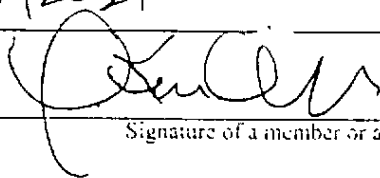
E. Effective date, if other than the date of filing: 5/25/2021 (optional)

(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 7/15/2021



Signature of a member or authorized representative of a member

KEITH OLIVER

Typed or printed name of signee