## 121000021469

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S. CHATHAM

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## **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	Fish n Pigs	Investments LLC			
JOBALO	1.	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Filing Angela			£145 22
			Name of Person	<del></del>	
		ZenBusiness, Inc.			22 JUL 19
			Firm/Company		PH AN
		336 E. College Ave., Suite	301		ELECTION OF CONTROLS IN 19
			Address	<del> </del>	3HG
		Tallahassee, FL 32301			
		ra@zenbusiness.com	City/State and Zip Code		
			to be used for future annual report notif	ication)	
For furthe	er information c	oncerning this matter, please c	·	·	
Filing An	igela		844 493-6249 at ()		
	Name o	f Person		: Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>■</b> \$25.0	0 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 \$ta Certified Copy (additional copy is en	tus &
		ING ADDRESS: ation Section	STREET/COURI Registration Sectio		

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fish n Pigs Investments LLC		
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our record da Limited Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability	· · ·	and assigned
lorida document number 1.21000021468		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
		01v 22
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	or the abbreviation "LEC"
ater new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(PRESS)	11 CT
<del></del>		<u>a</u>
		9
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		s, enter the name of the
gistered agent and/or the new registered office ad-	aress here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	N .
	_ FI	orida
	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>	Address	Type of Action
AMBR	NICOLETTE LUCIENNE ACOSTA		
	<del> </del>	10705 SW 134 ct	
		Miami, F1. 33186	Remove
			□ Change
	<u></u>		
			□ Remove
			22 Changes
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			5
ective date, if other than the	date of filing:		(optional)
reflective date is listed, the date muster. If the date inserted in this bl	date of filing:	te of filing or more than 90 da statutory filing requiremen	ivs after filing.) Pursuant to 605.05
cument's effective date on the D			
record specifies a delayer	l effective date, but not an	offactive time at 1	2:01 a m. on the earlier
he 90th day after the rec	ord is filed.	enective time, at 12	2.01 a.m. on the earner
July 12	2022		
	2022		
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