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COVER LETTER

TO: Registration Sec Division of Corp		i		
SUBJECT: F15	SHER'S PROFE Name of Lin	SSICNAL SER	VIES L	<u>LC</u>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing,		
Please return all correspor	dence concerning this matter	to the following:		
	ET1	Name of Person	HER	
		Firm/Company	<u></u>	
	731 REGIN	VA CIR Address		· . · · · · · · · · · · · · · · · · · ·
	<u>OAKLA</u> ETHANFISH	City/State and Zip Code ACCOL ME of to be used for future annual rep	3478-	7
Con Conton in Comme			ort notification)	
į.	ncerning this matter, please confidence of the please confidence of the please of the		405	7009
Name of	Person	Area Code	Daytime Teleplic	one 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 tadditional copy is enclosed.		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Addi	ress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FISHES PROFESSIOWAL SERVIES 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 we Florida document number <u>L21000173502</u>	re filed on	<u> </u>	gned							
is 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 C	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 add agent and/or the new registered office address here:	ress on our records, <u>enter the na</u>	me of the new	registered							
Name of New Registered Agent:										
New Registered Office Address:		<u>πτ</u>	**							
	Enter Florida street address , Florida	112: 3 1.03();	• •							
	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 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 Title **Address Type of Action** KARL FISHOR 731 REGINA CIR DAKLAN FL DAND 34787 _____

Remove 600 REBECCA PAULY 731 REGINA CIR DAKLAND FZ RADO 34787 ____ 🗆 Remove Remove □Add □Change □Add _____ □Remove

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Filing Fee: \$25.00