

L21000302180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

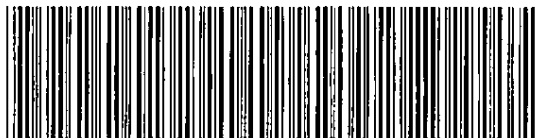
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700411661027

07/05/23--01027--013 **25.00

FILED

2023 JUL -5 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

2 FISH 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:

JONATHAN FISHBAUM

Name of Person

2 FISH LLC

Firm/Company

3721 ARCADE TRL #105

Address

LUTZ FL 33548

City/State and Zip Code

JFISHBAUM@YAHOO.COM

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

For further information concerning this matter, please call:

JONATHAN FISHBAUM

Name of Person

at (727) 992-1375

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

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

2 FISH 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 6/30/2021 and assigned Florida document number L21000302180

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**)

JONATHAN FISHBAUM
3721 ARCADE TRL #105
LUTZ FL 33548

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

JONATHAN FISHBAUM
3721 ARCADE TRL #105
LUTZ FL 33548

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:

JONATHAN FISHBAUM

New Registered Office Address:

3721 ARCADE TRL #105

Enter Florida street address

LUTZ

City

Florida

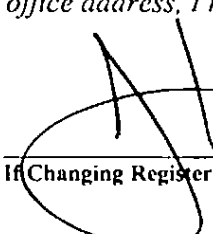
33548

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



FILED
JUL -5 AM 10:44
CLERK OF THE
SOLICITOR GENERAL
OFFICE
TALLAHASSEE, FLORIDA

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>
AP	AMANDA FISHERBAUM	3616 CYPRESS MEADOWS RD	<input type="checkbox"/> Add
		TAMPA FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMANDA FISHERBAUM	3616 CYPRESS MEADOWS RD	<input type="checkbox"/> Add
		TAMPA FL 33624	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated JUNE 27 11, 2023

Signature of a member or authorized representative of a member

JONATHAN FISHBAUM
Typed or printed name of signee

FILED
2022 JUL -5 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA