Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000408772 3)))



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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Phone Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MGORNTO@HARBOURPETRO.COM _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FISHTAIL HAB, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

NOV 05 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

FIŞHTAIL H	IAB, LLC		
UBJECT:	Name of Limi	ited Liability Company	
	mendment and fee(s) are sub-		
lease return all correspon	dence concerning this matter	to the following:	
	MARK S. GORNTO		
		Name of Person	
	FISHTAIL HAB, LLC		
		Firm/Company	
	21 W. FEE AVENUE, SU	TTE F	
		Address	·
	MELBOURNE, FLORIDA	A 32901	
		City/State and Zip Code	
	MGORNTO@HARBOURI		
	E-mail address: (to be used for future annual report notif	fication)
or further information co	ncerning this matter, please ca	all:	
DANTEL J. KUHN, ESQ.		850 577-6949	
Name of	Person		e Telephone Number
	e following amount:		
inclosed is a check for the		Eleccoorii E e	☐ \$60.00 Filing Fee,
Inclosed is a check for the	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

1 Nov. 4. 2021 11:30AM

 $((((((1,1)^{0},((1,2^{0})^{1/4})^{1/4})^{1/4})^{1/4})))$

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

fishtail Hab, LLC		9 , 93
(Name of the Limited Liability Co	ompany as it now appears on our recuited Liability Company)	ords.)
(A Florida Lim	atted Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on AUGUST 8, 2	ords.) 021 and assigned
		رب ،
lorida document number L21000357922		1
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
CHENEY B, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES.	(S)	
1. Hartipan office was out 1.200 x == 1.		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
·		
3. If amending the registered agent and/or registered of	fice address on our records, en	ter the name of the new register
igent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent,		
New Registered Office Address:		
	Enter Florida street ad	dress
	•	Florida
	City	Zip Code
iew Registered Agent's Signature, if changing Registered Ag	gent:	
		I forthay agree to comply with t
	i agree to act in inis capacity. I	Justines agree to comply wan a
hereby accept the appointment as registered agent and	nlata nardormanca of my dutier	and I am familiar with and
provisions of all statutes relative to the proper and comp	plete performance of my duties	, and I am familiar with and 🥏
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent agent filed to merely reflect a change in the registered of	plete performance of my duties t as provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
provisions of all statutes relative to the proper and comp	plete performance of my duties t as provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Nov. 4. 2021 11:31AM

No. 0143 F. 4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000408772 333)) (((H21000408772 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			🖸 Add
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			□Add
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Effecti	ve date, if other than the dat	te of filing:	(optional) filing or more than 90 days after filing.) Pur	car 0003 (2)(A)
Note:	ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depar	does not most the applicable state	filing or more than 90 days after filing.) Fur Hory filing requirements, this date will	mant to 605.0207 (5)(0) not be listed as the
a record ord is file	d apecifies a delayed effective da ed.	te, but not an effective time, at 12	:01 a.m. on the certier of: (b) The 90	th day after the
Dated	NOVEMBER 4	2021		
			7	

Filing Fee: \$25.00

(((H21000408772 3)))