Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000241586 3)))



H220002415863ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I2004000083 Phone : (954)474-8000 Fax Number : (954)474-9850

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BJRS FISH REALTY LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO

H220002415863

ARTICLES OF ORGANIZATION **OF**

	BJRS FISH REAL	LTY, LLC		
	(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears of Liability Company)	our records.)	 .
The Articles of Organization t	for this Limited Liability Compan	y were filed on	09/27/2021	and assigned
Florida document number	L21000423943			and assigned
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company here:		
The new name must be distinguishal	ple and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abb	previation "L.L.C."
Enter new principal offices a		_		
	ST BE A STREET ADDRESS)			
Enter new mailing address, i	• •			
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the registered	agent and/or registered office	address on our room	مام مسد خاد	6.1
agent and/or the new register	ed office address here:	address on our recor	us, enter the name	of the new registers
				1022
Name of New Registe	ered Agent:			<u></u>
New Registered Offic	e Address:			F12
		Enter Florida st	reet address	. P
			Florida	
New Registered Agent's Signatu	re, if changing Registered Agent:	City		Zip Code
				0,
accept the obligations of my p	ent as registered agent and agre ive to the proper and complete osition as registered agent as p change in the registered office writing of this change.	performance of my a rovided for in Chan	luties, and I am fan	niliar with and
		ging Registered Agent, Si		

H220002415863

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being 2 or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Scott R. Fisher	1279 NW Myrtle Avenue	□Add
		Arcadia, FL 34266	≅Remove
AMBR	Robert J. Figher		Change
	Robert J. Fisher	202 Shuman Drive	
		Statesboro, GA 30458	≅ Remove
			□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		220002415962	□Remove
	п	220002415863	

H220002415863

					_		
							
							_
							<u> </u>
	_ _						
						- 	_
							_
							_
	 -						
•							
<u></u>							_
							- _
							•
_						·-·	-
							_
	_						_
							_
Note: If the	te, if other than the da ate is listed, the date must be date inserted in this block ffective date on the Depa	specific and canno does not meet it	ot be prior to date	of filing or more t	(option han 90 days after f quirements, this	nal) iling.) Pursuant to 60 date will not be lis	05.0207 (3) Sted as the
e record special red is filed.	lics a delayed effective da	ite, but not an eff	ective time, at)	12:01 a.m. on th	e earlier of: (b)	The 90th day aft	er the
Dated	July 7	202	2				
		- Andrews					
	— Jim	lature of a momba-	or anth				
	Sign	nature of a member	or authorized re	presentative of a r	nember		

H220002415863

Filing Fee: \$25.00