

127 000 123349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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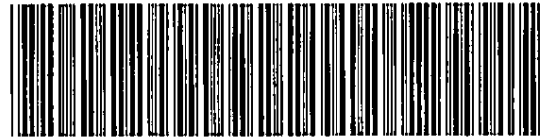
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 18 AM 10:48

T. MATTHEWS

MAY 23 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FISH SPECIALTIES 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:

LEVI FISH  
Name of Person

FISH SPECIALTIES LLC  
Firm/Company

335 BAYSHORE DR  
Address

CAPE CORAL FLORIDA 33904  
City/State and Zip Code

levifish8@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Levi Fish 563 568-9670  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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22 APR 16 AM 10 48

**If Changing Registered Agent, Signature of New Registered Agent**



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

We basically did not know Levi needed  
to be an authorized member in  
original application  
We are adding him at this time

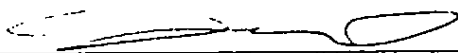
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 4/1 \_\_\_\_\_, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JASON FISH

\_\_\_\_\_  
Typed or printed name of signee