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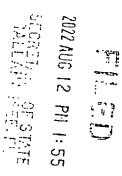
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A. BUTLER

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: FISH ENT	ERPRISES OF SOUTHWEST	FLORIDA, LLC	
		ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	andence concerning this matter	to the following:	
	Kathleen Fish		
		Name of Person	
	FISH ENTERPRISES OF	SOUTHWEST FLORIDA, LLC	
		Firm/Company	
	11017 LOST LAKE DRIV	/E # 201	
	-	Address	
	NAPLES, FL 34105		
		City/State and Zip Code	
	naplesfishteam@gmail.com E-mail address: (	i to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	·	,
Kathleen Fish		at ( 239 ) 258-4953	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FISH ENTERPRISES OF SOUTHWEST FLORIDA, LLC

2022 AUG 12 PH 1:55

(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 $\frac{07/2}{}$	1/2022 and assigned			
Florida document number <u>L22000323687</u>					
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 Liab	ility Company," the des	signation "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 agent and/or the new registered office address here:	address on our rec	cords, enter the name of the new registere			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	la street address			
		Florida			
	•	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u> </u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	y duties, and I am familiar with and papter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

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

AMBR AMANDA FISH 11017 LOST LAKE DRIVE	etion (
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Change

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	ated August 5	, 2022
		Local Land
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00