L23000193153

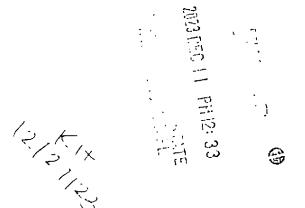
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor	porațions		•		
SUPIECT.	Fish First	LLC			
30b)EC1:	Name of Person Area Code Daytime Telephone Number 23				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		-			
	Megan Love Sarotte				
		Name of Person			
	Fish First LLC				
		Firm/Company			
	813 Largo Road				
		Address			
	Key Largo, FL 33037				
		City/State and Zip Code			
	= -				
	E-mail address: (to be used for future annual report notification	ation)		
For further information of	oncerning this matter, please ca	all:			
Megan Love Sarotte				77	
Name o	f Person	Area Code Daytime T	'elephone Number	The field	4 }
Enclosed is a check for the	he following amount:				,
□ \$25.00 Fiting Fee		Certified Copy	Certificate Certified C	opy (P.M. 33)	

TO:

Registration Section

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

Fish First LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on APril 19th, 2023 and assigned
Florida document number <u>L23000193153</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "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)	7
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:	F. Co.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
City	

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 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>	Address	Type of Action
AMBR	Megan Love Sarotte	813 Largo Rd, Key Largo, FL 33037	■Add
			□ Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the Defective date.	the specific and cannot be prior ock does not meet the application.	to date of filing or more than 90 dable statutory filing requirement	_ (optional) lays after filing.) Pursuant to 605	5.0207 ed as t
e record specifies a delayed effective d is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the earlie	er of: (b) The 90th day afte	r the
	2023			
Dated November 21		- ·		
Dated November 21	Sett	<u> </u>		