L2400365335

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	ish Dip. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Phillip A. Sarris		
		Name of Person	
		Firm/Company	<u></u>
	1306 E. Court St		
		Address	
	Tarpon Springs, FL 34689		
	phillip.sarris@yahoo.com	City/State and Zip Code	
	• • •	to be used for future annual report notific	cation)
For further information e	concerning this matter, please c	all:	
Phillip A. Sarris		813 347-7932 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Address Registration S		Street Address: Registration Sect	tion
Division of C	Corporations	Division of Corp	orations
P.O. Box 632	27	The Centre of Ta	llahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fill's Phish Dip.	. LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liability	it now appear y Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were	filed on	August 20, 2024	and assigned
Florida document numberL24000365335			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany ho	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the d	lesignation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:			1-2
(Principal office address MUST BE A STREET ADDRESS)		\$7. 1	.2
		;;;	, ,
		531	÷- ;
Enter new mailing address, if applicable:		, c m m	⊋ [lî
		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	-:
		111	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	ss on our r	ecords, enter the name	of the new regi
New Registered Office Address:			
	Enter Flor	rida street address	
		. Florida	
	City		Zip Code

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>l itle</u>	Name	Address	Type of Action
MGR	Joseph L. Miller	1473 N. River Circle	□Add
		Tarpon Springs, FL 34689	≣Remove
			□Change
MGR	Melissa L. Miller	1473 N. River Circle	
		Tarpon Springs, FL 34689	■Remove
			□ Change
			□Add
			□ Remove
			<u>I</u> □Change
			Add
			9: 55 Change
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			Remove
			□Change
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			□Remove

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Note: if the d	e, if other than the data ate is listed, the date must be s late inserted in this block of fective date on the Depart	oes not meet th	e applicable st		(optional) nan ⁹⁰ days after filing pairements, this date	.) Pursuant to 605,020
e record specif rd is filed	fies a delayed effective dat	e, but not an eff	ective time, at	12:01 a.m. on th	e earlier of: (b) Th	ie 90th day after the
Jated	August 26	202	4			
	1/1	7	 ·			
	JANY.	" 12	ma	2		

Filing Fee: \$25.00

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