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R. WHILE

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: FISHING SHRIMP ENTERPRISE # 2, NOC DOCUMENT NUMBER: P1400002 49 56 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FISHING SHEIMP ENTERPRISE #2
Firm/ Company
467 RAYFORD ST. FRANKIESFIRE WORKS YAHOO, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 425-5927

Area Code & Daytime Telephone Number FRANCISCO VARGAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

FISHING SHRIMP ENTERPRISE	#2, INC. 15 NOV -9 MILO: 21
(Name of Corporation as current	tly filed with the Florida Dept. of State)
714000024956	TAGLANASCLE, FLORIDA
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	AÍA
·	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent FRANCISCO VI	7RGAS
467 RAY FORD	treet address)
New Registered Office Address: LEHIGH ACLE	(City), Florida 33974 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signification News	Toganorea Ingenit, y onanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	V Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	JOSAE MONAGAS	2609 SDST W
Add			<u> LEHIGH ACKES, F.C. 339</u> 71
Remove			·
2) Change	SECR	EVELYN MONAGAS	2609 525T W
Add			Lehigh Acres, FC 3397
Remove 3) Change	VP	FRANCISCO VARGAS	467 RAYFORD ST.
X Add			LEHIGH ACRES, F.L. 33974
Remove			
4) Change	Secr_	LALO VARGAS	5163 STRD 80
X_ Add			LAPXILE, FL. 33935
Remove			
5) Change	 		
Add			
Remove		•	
6) Change	<u> </u>		
Add			
Remove			

(Attach additional sheets, if necessary).	<u>cles, enter change(s) here:</u> (Be specific)
NA	
(OVA	
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
. 11.0	
NIA	
N/A	
NIA	
N/A	
N/A	
N/A	

The date of each amendment(s) adoption: NOUSMB42 6, 2015	, if other than the
date this document was signed.	
Effective date if applicable: DOVEMBER 6, 2015 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated NOVEMBER 6, 2015	
Dated NOVEMBER 6, 2015	
Signature 7 Kan Ranger /	· · · · ·
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
FRANCISCO VARGAS	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	_