915000072455

(Re	equestor's Name)		
(Address)			
(Ac	ddress)		
(Ĉi	ty/State/Zip/Phone	; #)	
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONE FISH TWO	FISH WEST INCORPORATED
DOCUMENT NUMBER: P15000072455	
The enclosed Articles of Amendment and fee are si	submitted for filing.
Please return all correspondence concerning this ma	satter to the following:
Caryn Botknecht	
	Name of Contact Person
	Firm/ Company
378 E GARDEN COVE CH	R
	Address
DAVIE, FL 33325	
	City/ State and Zip Code
CBotknecht@hotmail.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, plea	ase call:
Caryn Botknecht	at ()_647-3884
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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'Articles of Amendment to Articles of Incorporation of

í	\cap	N	G	CICH	TWO	шец	WEST	INCORPOR	ATED
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(Name	of Corporation as current	ly filed with the Florida Dep	t. of State)	
P15000072455				
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	n'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl			55 G	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		- B R R	ED
))
D. If amending the registered agent an	ıd/or registered office add	ress in Florida, enter the na-	ne of the)
new registered agent and/or the ne	w registered office addres	S:	in or the	
Name of New Registered Agent	Caryn Botknecht			
	378 E GARDEN COVE	CIR		
	(Florida st	reet address)		
New Registered Office Address:	DAVIE		. Florida 33325	
Man Magamerea Office Main ess.		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			is of the position.	
	general		,	
\int_{Λ}	10 Karks	11/		
ung	VU OUTSV	UCM/ Registered Agent, if changing		
/ 1	ондишин с ој ист	ақынға ғұсы, у спанұшұ		

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)

Example:

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	RANDALI. MORRIS	378 E GARDEN COVE CIR
Add X Remove			DAVIE, FL 33325
2) Change	P	CARYN BOTKNECHT	378 E GARDEN COVE CIR
X Add			DAVIE, FL 33325
Remove			
3) Change			
Add			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	· ·
f an amendment provides for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	
	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
ū		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this and Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	ı(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
AUGUS' Dated	Т 13, 2017	
Signature	any Botknecht	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	CARYN BOTKNECHT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	