## P18000055271

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2022 APR -4 AM II: 52

SECRETARY OF STATE

## COVER LETTER

Division of Corporations FISH INC. NAME OF CORPORATION: P18000055271 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTIONY A. POTTS
Name of Contact Person Firm/ Company

901 TRUMAN AVE #2

Address

ILEY WEST, FL 33040

City/ State and Zip Code KEYWESTONY@ GMAIL.Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Avrwory A, Ports at (786) 512-7549

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: S43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

P 18000055271
(Document Number of Corporation (if known)

nt(s) to

. If amending name, enter the new name of the c	corporation:	The ne
ame must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	"." or "Co". A professional co.	'ornorated" or the abbumistion "Com-
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>	DRESS )	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
. If amending the registered agent and/or registenew registered agent and/or the new registered	ered office address in Florida, en l office address:	iter the name of the
Name of New Registered Agent		<u> </u>
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(Ciù)	(21p Code)
ew Registered Agent's Signature, if changing Reg	nintonud Amus.	
hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
<del></del>	ature of New Registered Agent, if	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	P ANTHONY A. POTTS	901 TRUMAN AVE #2
Add	ſ	KEY WEST, FL
Remove	1 A	33040
2) Change	VP How MILLER	1107 KEY PLAZA#243
_ <b>火</b> Add		KEY WEST FL
Remove 3 ) Change	<del></del>	33030
Add		
Remove		
4) Change		
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5) Change		
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6) Change		
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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
THE HOUSE WE	
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
Huntry A Ports 45/100 SHARES	
HOLLY MILLER 45/100 SHARES	
TAYLOR FARNEST 5/100 SHARES	
INTUK THEIVES! O/100 STITICES	
AVERY MILLER 5/100 SHARES	
AVERY MILLER 2/100 SHARES	

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The date of each amendment(s) ado	ption:		, if other than the
date this document was signed.	Δ	COTH	
Effective date if applicable:	MARCH	657.H	<u> </u>
	(no more that	n 90 days afi	ster amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep			tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop action was not required.	ted by the incorporators,	or board of c	directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff		The number	r of votes cast for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for each			
"The number of votes east fo	or the amendment(s) was/	were sufficie	ient for approval
by		_	"
	(voting group)		
selected,	by an incorporator of if in a fiduciary by that fiduciary by that fiduciary	ed name of	isteriors or entrers have not been of a receiver, trustee, or other court  OTTS  person signing)