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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RASI

Account Number : I20220000023

: (800)221-2972

Fax Number

: (917)243-5843

Enter the email address for this business entity to be used for future 📯 annual report mailings. Enter only one email address please.

	Address:				
- 11141	AUGUESS.				

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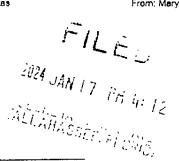
Help

K. SALY

JAN 1 8 2024

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Pensacola Bay Oyster Company LLC			
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) iability Company)		
e Articles of Organization for this Limited Liability Company rida document number L14000137612	were filed on 07/26/2019	and assigned	
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi	ility company here:		
new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
ter new principal offices address, if applicable:	1424 E. Lakeview Ave		
rincipal office address MUST BE A STREET ADDRESS)	Pensacola, Florida 32503		
nter new mailing address, if applicable:	1424 E. Lakeview Ave		
Sailing address MAY BE A POST OFFICE BOX	Pensacola, Florida 32503		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Floric		
	City	Zip Code	

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

Title	<u>Name</u>	Address	Type of Action
MGR	Carey P. Locke	901 N. Upper Broadway, No. 504	≣Add
		Corpus Christi, Texas 78401	□Remove
		. ugh	Change
MGR	Marvin G. Berry	2757 Ocean Drive	⊒ Add
		Corpus Christi, Texas 78404	□ Remove.
			□ Change
MGR	Edward A. Niland	1717 Universal City Boulevard	≅ Add
		Universal City, Texas 78148	CRemove
			□ Change
MGR	Cody Kreft	100 Mackerel Ct.	≅ Add_
		Aransas Pass, Texas 78336	Remove
		**************************************	CIChange DAdd
AMBR	Cody Kreft	100 Mackerel Ct.	——□Add F
		Aransas Pass, Texas 78336	Remove
			□Change
			□ Remove
			□ Change

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 17	2024					
1/2/1						
<u> </u>	Signature of a member or authorized representative of a member					
•						
Cody Kreft, Manager						
	Typed or printed name of signes					