

L14000137612

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000023421 3)))



H240000234213ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RASI
Account Number : I20220000023
Phone : (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.

Email Address: _____

RECEIVED
2024 JAN 17 PM 4:12
FILED

RECEIVED
2024 JAN 17 PM 3:50
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PENSACOLA BAY OYSTER COMPANY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 JAN 17 PM 4:12

Pensacola Bay Oyster Company LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/26/2019 and assigned Florida document number L14000137612

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1424 E. Lakeview Ave

(Principal office address MUST BE A STREET ADDRESS)

Pensacola, Florida 32503

Enter new mailing address, if applicable:

1424 E. Lakeview Ave

(Mailing address MAY BE A POST OFFICE BOX)

Pensacola, Florida 32503

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carey P. Locke	901 N. Upper Broadway, No. 504	<input checked="" type="checkbox"/> Add
		Corpus Christi, Texas 78401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marvin G. Berry	2757 Ocean Drive	<input checked="" type="checkbox"/> Add
		Corpus Christi, Texas 78404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edward A. Niland	1717 Universal City Boulevard	<input checked="" type="checkbox"/> Add
		Universal City, Texas 78148	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cody Krefl	100 Mackerel Ct.	<input checked="" type="checkbox"/> Add
		Aransas Pass, Texas 78336	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cody Krefl	100 Mackerel Ct.	<input type="checkbox"/> Add
		Aransas Pass, Texas 78336	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JAN 17 PM 1:12
MARTINE S. HARRIS

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The limited liability company shall be managed by its managers.

2024 JAN 17 PM 4:12
 FILED
 MISSOURI

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Signature of a member or authorized representative of a member

Cody Krefl, Manager

Typed or printed name of signee