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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: <u>50</u>	afood Da	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lisa W	Oodbur n Name of Person	
		Firm/Company	
	261 N.U	niversity Dr	+500
	Planta	hon, FL 33 City/State and Zip Code	3324
	english E-mail address: (i	City/State and Zip Code CYOWN @ GY to be used for future annual report notin	nall. Com
For further information co	oncerning this matter, please ca		
LISA WO	Odburn	at (<u>954</u>) <u>400</u> Area Code Daytime	-9384 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ARTICLES OF O ARTICLES OF O O SEAFOOD DA (Name of the Limited Liability Compa	ORGANIZATION F LLY, LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100006047</u>	were filed on <u>Feb. 3, 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable DALEY SEAFOOD, LLC The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10031 Pines Blvd, #232 Pembroke Pines, FL 33024
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
THE REGISTER OTHER PROJECT.	Enter Florida street address

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.

City

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 Type of Action Address Title Name 1351 SW125 Ave. DAdd MGR Chris Odari Apt. 2135 Kemove Pembroke Pines, FL 33027 - Change 1351 SW125 AVC. DAD MGR Pamela Tomlinson Apt. 2135 themove Pembroke Pines, FL 33027 OCHange _____ □Remove _____ □Remove _____ Change

____ Change

ective date, if other than the date of filing: (optional) (optional) (optional) (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 605.020 (optional) (o						<u> </u>		
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