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.

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,	To:	Division of Corporations Fax Number : (850)617-6383	2021 OCT 25 AM 10: 1
	From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	AM 10: 17
·	an	the email address for this business entity to be used for nual report mailings. Enter only one email address please.* ail Address:	
		LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	
		OCEAN PRIME FOODS LLC	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Prime Foods 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 10/04/21 Florida document number L21000434914 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Cuy

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 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>	Address	Type of Action
MGR	IZAGUIRRE, ELIEN	7901 4TH ST N STE 300	
		ST. PETERSBURG, FL 33702	⊠ Remove
AMBR	Marco Cola	7901 4TH ST N STE 300	% Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
AMBR	Enrique Izaguirre	7901 4TH ST N STE 300	X Add
		ST. PETERSBURG, FL 33702	□Remove
		MATERIAL MAT	Remove
			□Change
	<u></u>		□Add
			□Remove
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). If amending any other information, enter change(s) here: (Attach addition)	mai sneets, ij necessary.)
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	# 17
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 (3) ng requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier of: (b) The 90th day after the
October 25th 2021	
Signature of a member or authorized representative	e of a member
Riley Park	
Typed or printed name of signee	1.0

Filing Fee: \$25.00