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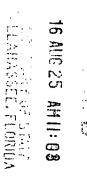
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COVER LETTER

SUBJECT:	JAX BEACH	SEAFOOD DEPOT, LLC		
SOBJECT.		Name of Limited Liability Co	mpany	,
The enclosed	Articles of Ar	mendment and fee(s) are submitted for filing	3.	
Please return	all correspond	ence concerning this matter to the following	g:	
		Yasmin Wardie Adamy, Esq.		
		Name of	Person	
		Rock Solid Business Law, PLLC		
		Firm/Cor	npany	
		484 Osceola Avenue		
		Addre	ess	· · · · · · · · · · · · · · · · · · ·
		Jacksonville Beach, FL 32250		
		City/State and	Zip Code	
		arteagajason@gmail.com		
		E-mail address: (to be used for fut	ure annual report notificat	ion)
For further inf	formation con	cerning this matter, please call:		
Yasmin Ward	lie Adamy, Es	sq. 904 at (
	Name of P			elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & □ \$55.00 F Certificate of Status Certifies (additional)		■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAX BEACH SEAFOOD DEPOT, LLC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our re liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company Florida document number L07000123132	were filed on 12/12/2007	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
		e seg Tarangan sanggan	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	1 5 1	
Enter new principal offices address, if applicable:		AH AU	
(Principal office address MUST BE A STREET ADDRESS)		Ø: № ***	
Frincipul Office unuress MOST BE A STREET ADDRESS	•		
		transition to the same to the	
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		eords, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
THE REGISTER OF THE PARTY OF TH	Enter Florida street address , Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre			
provisions of all statutes relative to the proper and complete		es, and I am familiar with and	

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>	Address	Type of Action
MGR	JOHN SHULER JR.	320 1st Street N., #803	□ Add
		Jacksonville Beach, FL 32250	Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			Remeye
			1.4
			Change Change
			□ Remove
			□ Change
			Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necession)		
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Effective date, if other than the date of filing:	al) ing.) Pursuant	to 605.020 be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.r The 90th day after the record is filed.	n. on the	earlier o
Dated August 16 2016		
		_
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member JASON DRAKE ARTEAGA		

Page 3 of 3

Filing Fee: \$25.00