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COVER LETTER

Div	ision of Cor	porations .				
SUBJECT:	Ocean Ga	lley SeafoodRestaurant of V	'idalia, LLC			
Name of Limited Liability Company						
The englaced	1 Amialas of	Amandment and fac(s) are sub	mitted for filing			
The enclosed	Afficies of	Amendment and fee(s) are sub	imitted for filling.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Anita Roberson				
			Name of Person			
		Eavenson,Fraser, Lunsfo	ord & Ivan, LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	2000 PGA Blvd., Ste.3200A					
			Address			
		Palm Beach GardensFL	33408			
			City/State and Zip Code			
		Weezie@efli.law		 		
		E-mail address: (to be used for future annual report notif	ication)		
For further in	ıformation c	oncerning this matter, please c	all:			
Anita Robe	rson		561 626-1011ex	t. 107		
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	iling 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:

1

TO: Registration Section

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

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Galley Seafood Restaurant of Vidalia, 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 January 22, 2013 and assigned Florida document number L13000013081 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Blackbeard's Seafood& Steak of Vidalia, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) $\overline{\infty}$ 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 Florida

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR, AMBR	Shawn Edward Sullivan	305 Southerland Way	⊟ Add
		Statesboro, GA 30458	Remove
			□ Change
AMBR	Michael D. Griffin	3807 Edgewood Dr.	
		Jacksonville, FL 32254	□ Remove
			■ Change
MGR	Wayne Sircy	15 Lester Road	
		Statesboro, GA 30458	Remove
			Change
AMBR	Wayne Sircy	15 Lester Road	
		Statesboro, GA 30458	
			S D Change
			GAdd -
			□ Remove
			Change
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(If an ef Note:	If the date inserted in this	he date of filing: must be specific and cannot be prior t	o date of filing or more than 90 days able statutory filing requirements,	after filing.) Pursuant to 605.0207 (3
	cord specifies a delay e 90th day after the r		an effective time, at 12:0	01 a.m. on the earlier of:
Dated	February 22	11111) 22 2018	2010	
			7)	
		Signature of a member or author	rized representance of a memberia.	
	ShawnSullivan,Mar	nagingMember		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00