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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLATINA SEAFOOD IP, LLC

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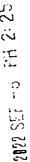
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SEP 12 2022 K. Brunibles



## ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION

Platina Scafood	IP.LLC		
(Name of the Limited Liability Company (A Flonda Limited Lia	as it now appears on our records.) bility Company)	<del></del>	
The Articles of Organization for this Limited Liability Company w Florida document number L15000165254	ere filed on 09/29/2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
NovoMar IP, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "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)			
the state of the s			_
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records. enter the name	of the new regist 2022 SEP	<u>ered</u>
Nam Panistared Office Address:		[6] [2] [4]	- X
New Registered Office Address:	Enter Florida street address		<u> </u>
	en		<u> </u>
	, Florida	Zp Code **	_
New Registered Agent's Signature, if changing Registered Agent:	***		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, if	miliar with and <sup>e</sup> this document is	

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Add
		-	Remove
			☐ Change
			□Add
			Remove
		***************************************	☐ Change
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Tective date, if other than the (	data of filings		(onti	onal)
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be ick does not meet the a	prior to date of filing phicable statutory	or more than 90 days afte	r filing.) Pursuant to 605.020
record specifies a delayed effective is filed.	date, but not an effect	ive time, at 12:01 a	.m, on the earlier of: (I	n) The 90th day after th
September 8th	2022			
aicu		~~~		
		SS/		
	Signature of a member or	authorized representa	ative of a member	