(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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(Do	ocument Number)	
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FEB 1 0 2017

COVER LETTER

	gistration Servision of Corp			
SUBJECT:	Spatz2Fatz	Oyster Company LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		John A. Davis, Jr		
			Name of Person	
		Spatz2Fatz Oyster Compan	ny LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		425 Hillcrest St. Apt 1		
			Address	
		Tallahassee, Florida 32308	3	
			City/State and Zip Code	
		cherrypoint63@gmail.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	all:	
John A. Da	vis		850 570-1979 at ()	
	Name of	f Person	Area Code Daytime	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Spatz2Fatz Oyster Company LLC				
(Name of the Limited Li (A Fl	ability Company as i orida Limited Liabilit	now appears on our rec Company)	cords.)	
The Articles of Organization for this Limited Liabili	ty Company were	filed on 10/09/2015		and assigned
Florida document number L15000171891	•			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability c	ompany here:		
The new name must be distinguishable and contain the words	'Limited Liability Cor	npany," the designation "I	LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AL				
	<u></u>			
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BOX	2			
Name of New Registered Agent: New Registered Office Address:		Enter Florida street ado	iress	
	C		Florida	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	d complete perfo d agent as provid tered office addre	rmance of my duties, ed for in Chapter 60	and I am fami 5, F.S. Or, if th	liar with and iis document is
	If Changing R	egistered Agent, <u>Signatu</u>	re of New Registe	red Agent
	Page 1 of 3			
	3		11 FEB 10	三

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	Lynn Seiler	425 Hillcrest St, Tallahassee, Fl 32308	Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove Change
			⊇ □ Add

	Employer Identification Number EIN 81-5290398
<u></u>	
	
ativo do	to if other than the data of filings
effective d	te, if other than the date of filing:(optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
effective d	
effective dense If the of the original in the office of the original in the office of the original in the office of the original in the origin	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list affective date on the Department of State's records.
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effective decirity of the comment's expected second	late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list affective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied day after the record is filed.