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O: Registration Se Division of Cor			
Estuary Oy:			
UBJECT:		ited Liability Company	
he anclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	endence concerning this matter	-	
	Kay Olin		
		Name of Person	P. BARTY
	Estuary Oysters		
		Firm/Company	<u> </u>
	45 Walker Creek Drive		
	· · · · · ·	Address	
	Crawfordville, FL 32327		imc Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		City/State and Zip Code	· · · · · ·
	Kay@olinandassociates.cor	n to be used for future annual report noti	fication)
or further information c	oncerning this matter, please ca	·	,
ay Olin		404 234-7884 at ()	
Name o	f Person		e Telephone Number
nclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee, l	CL 34314	Tallahassee, FL	•

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Estuary Oysters LLC			1020 FEB 18 assigned The Column of the Colum
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears	on our records.)	100 TO 10
he Articles of Organization for this Limited Liability Compar	ny were filed on 11/1	0/2015	nerical assigned
lorida document number L15000190478			
his amendment is submitted to amend the following:			:26
If amending name, enter the new name of the limited lis	ability company her	<u>'e</u> :	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	signation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
3. If amending the registered agent and/or registered office	o address on our roa	cords antar the	nome of the new register.
gent and/or the new registered office address here:	e address on our rec	torus, <u>enter the</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
The Winds of Med Phadress.	Enter Florid	la street address	
		, Florid	la
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
hereby accept the appointment as registered agent and agentians of all statutes relative to the proper and comple ccept the obligations of my position as registered agent a eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	te performance of n s provided for in Cl	ny duties, and I hapter 605, F.S	am familiar with and i. Or, if this document is
			
If Ch	nanging Registered Agei	nt, Signature of Ne	w Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
\MBR	Dillon Thomas Hazel	45 Walker Creek Drive, Crawfordville, FL 32327	□Add
			Remove
			Change
			□Add
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tive date, if other t	han the date of filing: $_$	/1/2019	661	(optional)	
If the date inserted	date must be specific and can in this block does not meet	the applicable s			
nent's effective date	on the Department of State	's records.			
rd specifies a delayer	l effective date, but not an e	effective time a	t 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
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Feb. 13th	2:	020			
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Kai	Del				
· · · · · ·	Signature of a mem	ber or authorized	representative of a mo	mber	
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