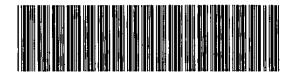
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	(Requestor's Name)
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COVER LETTER

	stration Section , ion of Corporations
SUBJECT: _	Spafood Direct Market & Eatery LLC Name of Limited Liability Company
The enclosed	Articles of Amendment and fee(s) are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	Derry Leiterman Name of Person
	Seafood Direct Market & Ealey LL
	4629 For syth S+ Unit #415
	Bagdad FL 32530 City/State and Zip Code Sea-foodmark etandeatery@grail.com E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
Jeco	Veiter man at (865) 441-2969 Name of Person Area Code Daytime Telephone Number
Enclosed is a c	check for the following amount:
\$25.00 Fil	ing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Certificate of Status & \Certified Copy & \Certificate of Status & \Certified Copy & \Certified

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Man Man	Let & Eat	eres	UE
(Name of the Limite	d Liability Compar A Florida Limited L	y as it now appears on our rability Company)	ecords.)	J	
The Articles of Organization for this Limited Lia Florida document number			31/2016	_ and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "L.L	C."
Enter new principal offices address, if applica	ble:		<u></u>	1	<u>_</u>
(Principal office address MUST BE A STREET	ADDRESS)		4/ - 5	TO MA	
			/ =	<u>₩</u> X 2	Manager Co.
		(0)) SÉE	12 P	Participae
Enter new mailing address, if applicable:			ر لدر	<u>∵ 3</u> x	17
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>			<u>့ ယ</u> -	- America
		· · · · · · · · · · · · · · · · · · ·	7.5	<u></u>	
A If amending the registered agent and/o registered agent and/or the new registered off			cords, enter the	name c	f the new
Name of New Registered Agent:	Same	2			
New Registered Office Address:	4629	For Syth ST U	nut 415		
	Bagd	ad	, Florida 🚂	上 3み。 Zip Code	<u>530</u>
	•	City		ыр сош	

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

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

	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Name Margaret Leiterman	4629 ForsythSt lim	1813
		Bagdad FL3233	D Remove
			☐ Change
			Add
			□ Remove
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effective date is listed	er than the date of filing:	(optional) of filing or more than 90 days after filing.) Po	FS A S
e: If the date insert	ed in this block does not meet the applicable state on the Department of State's records.	atutory filing requirements, this date wil	Il not be listed
differit s effective d	me on the Department of State's records.		
	a delayed effective date, but not an eer the record is filed.	effective time, at 12:01 a.m. on	the earlier
ed <u>5</u> –	18-2016) < 1	
	may aut X	toman	
· .	Signature of a member or authorized re	epresentative of a member	······

Page 3 of 3

Filing Fee: \$25.00