Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000376049 3)))



H240003760493ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

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 BLUE REEF FISH COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY NOV 13 2024

H24000376049 3

COVER LETTER

TO:		istration Sec Ision of Corp			
CUB IE	CT.	Blue Reef F	ish Company, LLC		
SOBJE	SUBJECT: Name o			ited Liability Company	······································
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			Michael Sanchez		
				Name of Person	: ···
			Hunton Andrews Kurth L	JP	
				Firm/Company	
			333 SE 2nd Avenue, Suite	2400	
				Address	
			Miami, FL 33131		
			manahar@hurtanak aam	City/State and Zip Code	
			msanchez@huntonak.com E-mail address: (to be used for future annual report notifica	tion)
For furth	er in	formation co	ncerning this matter, please c	all;	
				at ()	
Name of Person			Регвоп	Area Code Daytime To	elephone Number
Enclos e d	lisa	check for the	following amount:		
□ \$2 5.0	00 Pi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]]]	Regi Divi P.O.	ing Address: istration Se sion of Co Box 6327 ahassee, Fl	ection rporations	Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000376049 3

OODS NOW 2 PAR II ST Blue Reef Fish Company, LLC (Name of the Limited Liability Company at it now appears on our records.)
(A Florida Limited Liability Company): The Articles of Organization for this Limited Linbility Company were filed on April 7, 2016 Florida document number :1.16000069368 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 12500 West Creek Pkwy, Richmond, VA 23238 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 12500 West Creek Pkwy, Richmond, VA 23238 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: NRAI Services, Inc. Name of New Registered Agent: 1200 South Pine Island Road New Registered Office Address: Liner Florida street address , Florida 13324 Zin Code Plantation

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

Patricia A. Boverie, Assistant Secretary

H24000376049 3

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

	lanager uthorized Member	2024 NOV 12 PM 4:	3 <i>i</i> ,
Title	<u> Nаше</u>	Address Add	Type of Action
MGR	Cheney OFS, Inc.	3875 Bengert Street	□Add
		Orlando, FL 32808	BRemove
			□ Change
MGR	Craig Hoskins	12500 W Creek Pkwy, Richmond, VA 23238	= Add
			□ Remove
			□Change
MGR	A. Brent King	12500 W Creek Pkwy, Richmond, VA 23238	≅Add
		·	□Remove
			□Change
MGR	Jeffery W. Fender	12500 W Creek Pkwy, Richmond, VA 23238	BAdd
			□Remove
	·		Change
CFO	Michael B. Sullivan	1 Cheney Way	□Add
		Riviera Beach, FL 33404	≘Remove
			Change
Managing Director	Michael Sexton	5150 North State Road 7	□Add
		North Lauderdale, FL 33319	≅Remove
		•	□ Change

·_·	<u>-</u>					
<u>-</u>						
	<u></u>	<u></u>			جے.	
					70 2	
					NON L	
	<u>.</u>	<u> </u>			707)
		,	<u> </u>			DI
						<u> </u>
					95	4.32
	:				5-	
······································		· · · · · · · · · · · · · · · · · · ·				
	 					
	·					
 .						
						
			· · · · · · · · · · · · · · · · · · ·			
			· ·			
Fective date, if at	her than the date o	f filing:		(ор	ctional) ter filing.) Pursuant to 605.0 his date will not be listed	
in effective date is list	ed, the date must be spec	ific and cannot be pri	or to date of filing of icable statutory fi	r more than 90 days af ling requirements, t	ter filing.) Pursuant to 605.0 his date will not be listed	207 (Las t
cument's effective	date on the Departme	ent of State's record	is.			
						.1 .
record specifies a de is filed.	clayed effective date,	evitooffe na ton tud	time, at 12:01 a.r	m, on the earlier of:	(b) The 90th day after t	(ne
is med.						
ated Novemb	er 12 .	2024				
		1/1				
		1/ 1	\sim			

Filing Fee: \$25.00

H240003760493