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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Black Pearl Oyster Social LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lauren Ruocco	
Black Pearl Oyster Social US	
9537 majestic way	
Paynton Beach, FL 33437 City/State and Zip Code	
The rolling Oyahoo. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LAUTEN Ruocco at (203) 832-8803 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate □ \$60.00 Filing Fee, Certificate □ \$60.00 Filing Fee, Certificate □ \$6	

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

	byster Social	LLC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability of Florida document numberL1600009386	(12, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim The Rollin San Gen	nited liability company here:	
The new name must be distinguishable and contain the words "Lin		ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		17 HAY 12 14
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our lress here:	records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	<u> </u>	, Florida
	City	Zip Code

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:

MGR = Manager

AMBR = Authorized Member									
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action						
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			□ Remove						
			Change						
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Filing Fee: \$25.00