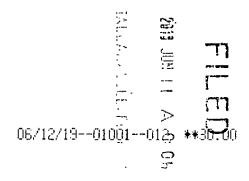
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COVER LETTER

TO: Registration Se Division of Cor			. ,		
subject: <u>Flor</u>	ida Gulf OL Name of Lim	1ster Bay Oyst Red Liability Company	ers, LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jan	125 E. Casso, d	<u>Ly</u>		
		Firm/Company	<u> </u>	250	7
	102 B	en Willis Rd. Address			
		City/State and Zip Code Screnger Comment Comm		\ 9.05	
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	oncerning this matter, please c	all:			
Name o	Congs (Cy of Person	at (BLA) 446 - O Area Code Daytime	1631 Telephone Number	_	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing I Certificate of Certified Cop, (additional copy	Status & y	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number L 16000155799 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 "L.L.G Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address:

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 Title Name Address **Type of Action** 369 Bottoms Rd. __ DANG Panaced, FL. 32346 PREMOVE ☐ Change AMBR James E. Cassidy 102 Ben Willis Rd. Add Crowfordville, FL. 32327 Remove ☐ Change AMBR Virginia Modre 369 Bottoms Rd. FL. 3237 TREMONT ☐ Remove ☐ Change □ Add _□ Remove _□ Change □ Add □ Remove □ Change

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Filing Fee: \$25.00