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(((H19000315928 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BARBOSA LEGAL Account Number : 120110000049 : (305)501-4680 Fax Number : (305)359-9543

Enter the email address for this business entity to be used for future → annual report mailings. Enter only one email address please.

Email Address: __RENEWALS@BARBOSALEGAL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OYSTER ENTERPRISES, LLC

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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE		OYSTER ENTERPRISES, LLC Name of Limited Liability Company					
SCBIL	C1:						
The en	ilosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
			Name of Person				
		0)	STER ENTERPRISES, LLC				
			Firm/Company				
		4	07 Lincoln Road PH-NE				
			Address	<u> </u>			
			Miami Beach, FL 33139				
			City/State and Zip Code				
			enewals@barbosalegal.com				
		E-mail address: (to be used for future annual report notifi	ication)			
For fur	her information c	oncerning this matter, please co	all.				
Mauro Weiss de Paula			i-305 501-4680				
Name of Person		f Person	at ()	Telephone Number			
Enclose	rd is a check for th	ie following amount:					
\$ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is euclosed)			
	34411	INC ANNDESS	STREET/COURT	FR ADDRESS:			

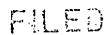
MAILING ADDRESS:

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

H190003159283

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	Liability Compar		2013 OCT 24 12 3 35	
(Name of the Limited (A	Florida Limited L	isoility Company)	ETERT TO UNION OF A TEACH	
The Articles of Organization for this Limited Liab	ility Company	were filed on <u>08/31</u>	2018 L'AHAUSEE, FLORIDA and assigned	
Florida document number L16000162643	·	ı		
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liabi	lity company here:	:	
N/A				
The new name must be distinguishable and contain the word	ds "Limited Liabili	ty Compeny," the desig	enation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		407 LINCOLN ROAD PH-NE		
		MIAMI BEACH 33139		
Enter new mailing address, if applicable:		407 LINCOLN ROAD PH-NE		
Mailing address MAY BE A POST OFFICE BOX)		MIANII BEACH 33139		
3. If amending the registered agent and/or registered agent and/or the new registered office			ur records, enter the name of the	
Name of New Registered Agent: Barbosa Legal			·	
New Registered Office Address:	407 LINCOLN	ROAD PH-NE		
		Enter Florida	street address	
	MIAMI BEACI	I	, Florida	
	_	City	Zip Code	

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.

/S/ Julio Barbosa

Il Changing Registered Agent, Signature of New Registered Agent

10/24/19 04:54PM EDT Barbosa Legal -> Division of Corporations 8506176383 Pg 4/5 H190003159283

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
	N/A		Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

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Typed or printed name of signee

Mauro De Weiss De Paula

Filing Fee: \$25.00