## U70000 324 73

(R	equestor's Name)			
(A	ddress)			
	ddress)			
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name	e)		
(Document Number)				
ertified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
		,		

Office Use Only



900353088909

10/07/20--01010--010 \*\*25.00

200007-7-71-2:52

11/15/20

## **COVER LETTER**

Registration Section Division of Corporations

О:

UBJECT: F&B Sea For	OD Wholesale, LLC	
	nited Liability Company	
he enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
lease return all correspondence concerning this matter	_	
_		
ERE 1	H. FADD'S Name of Person	_
	Name of Person	a
<u> </u>	Firm/Company	
	·	, ; , ;
7/7 Ju	reformer Road Address	ند ، ۲۰ – ۲۰ –
DJ M	40 F1 37806	1.
	City/State and Zip Code	- 1.
E-mail address: (1	City/State and Zip Code  Caddis and Fadd as COM  to be used for future annual report notification)	1 Y
or further information concerning this matter, please ca	:	, ,
Ettie H. FADDIS	467 201-7884	
Name of Person	at (407) 701-2884 Area Code Daytime Telephone Number	er
iclosed is a check for the following amount:		
\$\forall \text{S25.00 Filing Fee & Certificate of Status}	(additional copy is enclosed) Certified	ate of Status &
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite ( Tallahassee, FL 32303	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 8 B Sea Food Wholzself, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

his amendment is submitted to amend the following	ā;			
A. If amending name, enter the new name of the	<u>limited</u> liabi	lity company here:		
he new name must be distinguishable and contain the words "	Limited Liabili			
Enter new principal offices address, if applicable:		917 JWE	edoriar Ri	oad
Principal office address MUST BE A STREET AL	DDRESS)	DRLAND	0, FL 32	806
Inter new mailing address, if applicable:		Same		
Mailing address MAY BE A POST OFFICE BOX	2		<u> </u>	
				. ; ( ) ( )
				(-) (-)
. If amending the registered agent and/or registered of figure described and the second of figure described and the secon		ddress on our reco	rds, <u>enter the nar</u>	ne of the new register
gent and/or the new registered office address her	<u> </u>			11
Name of Navy Domintarial Assemb				182
Name of New Registered Agent:	0.1	Sundlage	7.1	: ;
New Registered Office Address:	917 Sweetblier Road  Enter Florida street address  OKLANDO Florida 32806			
	041	ANTA	oreer uaaress	27801
_	1/00	City	, Florida	32806 Zip Code
:w Registered Agent's Signature, if changing Regist	ered Agent:	•		'
nereby accept the appointment as registered ago ovisions of all statutes relative to the proper an cept the obligations of my position as registered ing filed to merely reflect a change in the register	d complete <sub>l</sub> d agent as p	performance of my rovided for in Cha	duties, and I am over 605, F.S. Or	familiar with and , if this document is

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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		•	DAdd
		□Remove	
		☐Change	
			□Add
		☐Change	
			□Remove
			☐ Change
		□Add	
		□Remove	
		□Change	
			□Add
		□Remove	

(1) Angading Federal Employers Identification # FEIN	
(1) AMANDING Federal Employers Identification # FEIN  OLD # 81-4128250 (Issuel to FiB Scuroad UC)	
NEW NUMBER: 85-2936032	
85.2936032	
Please charge CNSent FEIN 81-4128250	
Changa to:	
New Number 85-2936032	
ula	
Effective date, if other than the date of filing: (optional) [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.	
Dated 10-02-2020 7020	
Signature of a member or authorized representative of a member  ERIC H. FAPPIS	
Typed or printed name of signee	

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)