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M. MILLIGAN JUL 2 1 2017

COVER LETTER

TO:		ation Section n of Corporations					
oun ir		ean Oriental Market, LLC					
SUBJECT:Name of Limited Liability Company							
		ticles of Amendment and fee(s) are submitted for filing.					
		Rodney S King					
		Name of Person					
		Ocean Oriental Market, LLC					
		Firm/Company					
		2904 East Business 98					
		Address					
Panama City, FL 32401							
	City/State and Zip Code						
		occanorientalmarket@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	ner inform	nation concerning this matter, please call:					
Rodney	S King	850 851-8778 at(
Name of Person Area Code Daytime Telephone Number							
Enclosed	l is a chec	ck for the following amount:					
□ \$ 25.	00 Filing	Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	atus &				

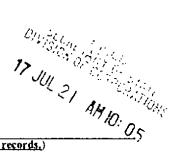
MAILING ADDRESS:

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**



Ocean Oriental Market, LLC

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

The Articles of Organization for this Limited Liability (Company were filed on 3/20/	2017 and assigned	
Florida document number L17000063776	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADD)	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or regis	stered office address on a	ur records enter the name of the new	
registered agent and/or the new registered office add	ress here:	the records, enter the hang of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	Enter Florida street address , Florida City Zip Code	
	•	Zip Code	
New Registered Agent's Signature, if changing Registere			
l hereby accept the appointment as registered agent	and agree to act in this cap	acity. 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
MGR	Cristie C King	2860 Tupelo Dr, Panama City, FL 324 05	
			Remove
			Change
			
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change

Filing Fee: \$25.00