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## **COVER LETTER**

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CHIDIDAT.	KE	EEP IT SIMPLE SEAFOOD L	LC		
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	rticles of	Amendment and fec(s) are sub	mitted for filing.		
Please return al	l correspo	ndence concerning this matter	to the following:		
		PAUL D ROBY			
			Name of Person	<del></del>	
			Firm/Company	<del></del>	
		P O BOX 871			
			Address		
	PANAMA CITY, FL 32405				
		PAULDROBY@HOTMAI	City/State and Zip Code L.COM	TALLAHAS I	
		E-mail address: (	to be used for future annual report notificat	sion) SSS	
For further info	rmation c	oncerning this matter, please co	all:	ma D	
WILLIAM B STEINER, CPA		СРА	850 784-0340 at ()	2: 2 2: 2 Long	
	Name o	f Person		elephone Number	
Enclosed is a ch	neck for th	e following amount:			
■ \$25.00 Filin	ng 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 enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS; ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ons	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## KEEP IT SIMPLE SEAFOOD 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 MAY 8, 2017 and assigned Florida document number \_\_\_\_L17000101830 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:			SEC.	2817	amina <b>t</b>
New Registered Office Address:	2309 W 27TH ST		86 TA	ह	11
	-	Enter Florida street address	S27		
	PANAMA CITY	, Florida	32405	ט־	
	(	City	S Z	ip <sub>i</sub> Cyde	$\cup$
ew Registered Agent's Signature, if changing R	legistered Agent:		70 <u>//</u>	25	

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>11tie</u>	Name	Address	Type of Action
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Effective date, if other the first of the fi	date must be specific a n this block does no	and cannot be prior to at meet the applicab	date of filing or mor	(option of the control of the contro	filing.) Pursuant to 605.0	0207 d as
ne record specifies a c The 90th day after t	delayed effective the record is file	e date, but not a d.	an effective tir	ne, at 12:01 a	a.m. on the earlie	r of
Dated AUGUST 8		-· <del>2017</del>	. •			
	///	1/				
	/ Low					
	Signature of	a member or authoriz	zed representative o	a member		

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