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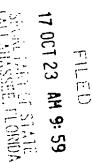
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S. WARREN 0CT 2 4 2017

COVER LETTER

Sea Food I UBJECT:	Lover's Delight		
OBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Rose-Karleen Pierre		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Firm/Company	
	2041 NE 167th St Apt 4		
		Address	
	N Miami Beach, Fl 33162		
		City/State and Zip Code	
	realgreancleaning@hotmail	.com to be used for future annual report notif	ication)
for further information of	concerning this matter, please co		
Rose-Karicen Pierre		786 6603155	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 enclose

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**

Sea Food Lover's Delight LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Con	mpany were filed on 07/25/2017	and assigned
lorida document number [.17000171258	<u>.</u> .	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ed liability company here:	
eafood Lover's Delight LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		enter the name of the
egistered agent and/or the new registered office addre	<u>ess nere</u> :	
egistered agent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:	Enter Florida street address	
	Enter Florida street address	rida

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 ligibility company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered gent

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>	Address	Type of Action
MGR	Rose-Karleen Pierre	2041 NE 167th St Apt 4	∃ Add
		N Miami Beach, Fl 33162	☐ Remove
			☐ Change
MGR	Nitchev Casseus	2041 NE 167th St Apt 4	Add
		N Miami Beach, Fl 33162	□ Remove
			☐ Change
		****	□ Remove
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If the date inserted in this block ment's effective date on the Department's effective date of the Policy effective date of the	does not meet the applicable statu- tment of State's records. fective date, but not an eff is filed. 2017	fective time, at 12:0	1 a.m. on the earlie
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Filing Fee: \$25.00