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COVER LETTER

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TO: Registration Section Division of Corporations SUBJECT: WHISPERS OYSTER BAR & BOIL LLC
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALX MORANTUS SR.

Name of Person

Whis Pers OYS TER BAR & BOIL LLC

Firm/Company

Address

Address ORANGE PARK FL 32073
City/State and Zip Code Johnan / 22 @ Yahoo. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| | ER DAK & BOIL LLC |
|---|--|
| (Name of the Limited Liabil (A Florid | lity Company as it now appears on our records.) la Limited Liability Company) |
| The Articles of Organization for this Limited Liability Corida document number <u>£ 1800000077797</u> | Company were filed on <u>JANUARY 31 2018</u> and assigned |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lim | nited liability company here: |
| he new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation "LLC" or the abbreviation "L.L.C" |
| Enter new principal offices address, if applicable: | S S S |
| Principal office address MUST BE A STREET ADD. | PRESS) |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | AH 10: 57 |
| . If amending the registered agent and/or regi | istered office address on our records, enter the name of the |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ote: If the da | e, if other the te is listed, the d ate inserted in fective date on | this block do | es not me | et the appl | icable sta | | ore than 90 da g requiremer | (optional ys after filing its, this date | g.) Pursuant to | 605.020 listed a |
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