# L18000091879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP  ☐ WAIT  ☐ MAIL
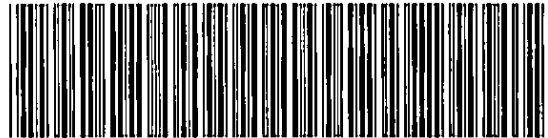
(Business Entity Name)

(Document Number)

Certified Copies _____  Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

# COVER LETTER

**TO:**     **Registration Section**
              **Division of Corporations**

**SUBJECT:** _Pleasures of The Sea 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:

_Johnelle Morgan_
Name of Person

_____
Firm/Company

_1533 West 28th Street Apt #1_
Address

_Riviera Beach Fl 33404_
City/State and Zip Code

_a_beckford@ymail.com_
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_Johnelle Morgan_     at (_561_) _635-5820_
Name of Person              Area Code    Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee     ☐ $30.00 Filing Fee &      ☐ $55.00 Filing Fee &      ☐ $60.00 Filing Fee,
                           Certificate of Status        Certified Copy              Certificate of Status &
                                                        (additional copy is enclosed)    Certified Copy
                                                                                    (additional copy is enclosed)

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

_Pleasures Of The Sea LLC_ 2019 MAY 13 PM 5: 54

(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 _April 11, 2018_ and assigned

Florida document number _L18000091879_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

_The Seafood Factory LLC_

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)_

_1665 Martin Luther King Jr. Blvd_
_Riviera Beach Fl 33404_

**Enter new mailing address, if applicable:**

_(Mailing address MAY BE A POST OFFICE BOX)_

_5315 Eadie Place_
_West Palm Beach Fl 33407_

**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:**

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> | <u>Type of Action</u> |
|---|---|---|---|
| AMBR | Wallace Francois | 5315 Eadie Place<br>West Palm Beach Fl 33407 | ☒ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**E. 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated ___October 9___, ___2018___.

_____
Signature of a member or authorized representative of a member

_____ Johnelle Morgan _____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00