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(Red	questor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Haleyon So	eafood LLC	•	
SUBJECT. Hareyon ov	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Benjamin Wiggins	Name of Person	·
	Halcyon Seafood LLC	Name of reson	
	Haleyon Scaroto Life	Firm/Company	
	1549 Heechee Nene	Address	
	Tallahassee	City/State and Zip Code	
	benknightwiggins@gmail.c E-mail address: (om to be used for future annual report notif	fication)
For further information o	concerning this matter, please co	all:	
Benjamin Wiggins		at (850) 559-5650	
Name o	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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 enclosed)
Mailing Address		Street Address:	ution
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Haleyon Seafood LLC	2021 MAR 12 AH 7: 06	
(Name of the Limited Lin (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 07/19/2018	and assigned
Florida document number <u>1.18000174069</u>		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Halevon Seafarm LLC		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist	· •	ame of the new register
agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	isher i would sireer address	
	, Florida	Zip Code
	CHV	гар соис

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 MAR 12 AM 7:06	Type of Action
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ective date, if other than the n effective date is listed, the date mu te: If the date inserted in this becoment's effective date on the D	st be specific and ock does not m	cannot be prior neet the applica	to date of filing c able statutory f	r more thai	n 90) days after	filing.) Pursuar	
ecord specifies a delayed effective is filed.	e date, but not	an effective ti	me, at 12:01 a.	m, on the	earlier of: (b) The 90th d	lay after the
ted Tuesday February 9th	·	2021					
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