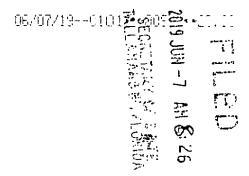
L18000232051

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COVER LETTER

			COVERCECTER			
	gistration Sec vision of Corp		, , , , , , , , , , , , , , , , , , ,		•	
SUBJECT:	Grayson Ba	ay Oyster Company LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Brandon Smith				
		Grayson Bay Oyster Comp	Name of Person			
		1238 Stow Ave	Firm/Company			
		Pensacola/FL/32503	Address			
		brandon.smith@graysonbay	City/State and Zip Code oysters.com			
		E-mail address: (to be used for future annual report notific	cation)	201 ELS	
For further in	iformation co	neerning this matter, please ca	all:		2019 JUN SECONO	·
Brandon Sn	nith		831 566-4377			
	Name of	Person		Telephone Number	N# 1: 20	
Enclosed is a	check for the	e following amount:			26 26	
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Grayson Bay Oyster Company LLC		
(Name of the Limited Liabilit (A Florida	ly Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability C Florida document number L18000232051	ompany were filed on 10/1/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 JUN - T TO
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our record ress here:	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	S.S.
		orida
	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

MGR = M $AMBR = M$	Tanager Authorized Member		
<u>Title</u>	<u>Name</u> Steven Len Smith	Address 17288 W Foothill Rd	Type of Action
AMBR		17200 W FOOTHIN NO	-
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e record specifies a delayed The 90th day after the recor	effective date, d is filed.	but not a	n effective t	me, at 12:0	1 a.m. on t	the earlier
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2	gnature of a memb	er or authorize	d representative	of a member		··-

Page 3 of 3

Filing Fee: \$25.00