118000262200

	_	
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
— (Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Reserve		
- T - T		



300365007563

04/28/21--01008---006 **30.00



Office Use Only

7/1/1/10



June 10, 2021

STEPHEN PAGE 9130 OAKHURST ROAD SEMINOLE, FL 33776

SUBJECT: CLEARWATER OYSTER COMPANY, LLC

Ref. Number: L18000262200

We have received your document for CLEARWATER OYSTER COMPANY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE APPLICATION

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 321A00012782



COVER LETTER

Division of Corpo			
SUBJECT: Clear	ZWATER OYST Name of Lim	ited Liability Company	, LLC
The enclosed Articles of At	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	STE	Name of Person	Age
		Firm/Company	
	9130	OAKHURST T	20AD
	Sem, No Ste E-mail address: (City/State and Zip Code	33776 06-6000 rinotification)
For further information con	cerning this matter, please ca		
Steve Name of P		at (\frac{\fin}}}}{\fint}}}}}}}}}{\frac{\fir}{\fint}}}}}}}}}{\frac}}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fire}}}}}}}}}}}}}{\frac}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	POLI 9726 Paytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	▼ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Addre	<u>ss:</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Co	mpany were filed on	and assigned
Florida document number <u>L180002622</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ERILL LL 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 ADDRI	<u></u>	<u></u>
		1
Enter new mailing address, if applicable:		. 0
(Mailing address MAY BE A POST OFFICE BOX)		
		7)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here.		:- C2
Name of New Registered Agent:		()
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida sircei aa	
	rmer v goriad sirvet ad	w css
		. Florida
	City	гір Соде

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
	- -		🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			ElChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change

•	
-	
•	
•	
_	
-	
-	
Note:	ive date, if other than the date of filing: [cetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is ti	d 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 led.
Dated	None 14 . 2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00