500311993965 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) MAIL MAIL DWAIT D D PICK-UP (Business Entity Name) (Document Number) Certificates of Status — Certified Copies ____ Special Instructions to Filing Officer: Office Use Only

COVER LETTER

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Division of C	orporations		
~	-		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Anna Smiley		
Please return all corresp	pondence concerning this matter	to the following:	
	Anna Smiley		
		Name of Person	
		Firm/Company	
	3731 St. Benedicts Road		
		Address	
	Ft. Pierce, Fl 34982		
		City/State and Zip Code	
	annasmiley35@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For furth er information	concerning this matter, please c	alf:	
Anna Smiley		at ()	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (udditional copy is enclosed)

MAILING ADDRESS: Registration Section

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Registration Section

TO:

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

Conch 4 Dayz Scafood Emporium (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 5, 2019 ____ and assigned Florida document number L19000094660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Conch 4 Dayz Scafood Emporium The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." 3731 St. Benedict's Road Enter new principal offices address, if applicable: Ft. Pierce, FI 34982 (Principal office address MUST BE A STREET ADDRESS) 3731 St. Benedict's Road Enter new mailing address, if applicable: Ft. Pierce, Fl 34982 (Mailing address MAY BE A POST OFFICE BOX) 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: Micheal Chester Name of New Registered Agent: 3731 St. Benedict's Road New Registered Office Address: Enter Florida street address Ft. Pierce

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Chester	3731 St. Benedict's Road	
		Ft. Pierce, Fl 34982	□ Add
		ric ricice, ri 34762	□ Remove
			🗎 Change
AMBR	Anna Smiley	3731 St. Benedict's Road	
		Ft. Pierce, Fl 34982	□ Remove
			E Change
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4/17/2019					
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record specifies a delayed effective date, but not	an effect	ive time, a	t 12·01 a	m on the	earlier
he 90th day after the record is filed.		,,, c	. 12,01 0.	TITE OF CITE	SOI IICI
17th Day of April 2019					
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Filing Fee: \$25.00