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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sland Sea food 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:
Wilbert Stanley Name of Person
15/and Seafood LLC Firm/Company
1019 N Monroe St Address
Tallahassee Florida 30303 City/State and Zip Code Sland DMG See Sood & gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lylbert Stanley at (\$50) 519-8858 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 (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

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

FILED 2022 FEB -7 AM 10: 10

Island Danquiris	S Bar + Grill	SECTIONS OF STATE
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000254815</u>	vere filed on <u>10/28/</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Seafood ### The new name must be distinguishable and contain the words "Limited Liability"	Compani	the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	1
	. Florid	l:s
	Cuy	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 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>	Name	Address	Type of Action
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			□Remove
			☐Change
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	Signa	ture of a men	ther of author	rized represent	nive of a mem	bei		
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Filing Fee: \$25.00