L19000291248

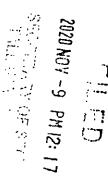
(Requ	uestor's Name)	
(Addr	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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11/09/30--01035--030 **25.00



COVER LETTER

Division of Corpo	rations			
SUBJECT:	Taland Blo	u Seafood Luced Liability Company	<u>J.</u>	
The enclosed Articles of Ar	nendment and fee(s) are subr	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	BIan	nca Seymouk	2	
	Islar	Blu Seafoc	d WC	
	1007 1	J FRDERAL DI Address	CHWAY	UNIT INY
		ERDINE, FL 3: City/State and Zip Code		
	E-mail address: (1	afood Egmail	cation)	
For further information con	cerning this matter, please ca	all:		
Blanca S	Day mour Person	at (<u>591</u>) <u>888 -</u> Area Code Daytime	2747 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 Filin Certificate of Certified Co (additional co)	of Status & py
Mailing Address:		Street Address:		

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

	Scafood LLC y as it now appears on our records.)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on $11/25/2019$ and assigned
Florida document number <u>L19000291248</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
	2 K
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: 1001 N FE	EMERAL HYW, UNIT 144, FTLAUDERD Emer Florida street address FLDRIDA 32
	(1) 00 10 E Florida 33301

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.

City

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 **Type of Action** Title Name **Address** MGR Willie James Jennings 1500 NW 523T BAND MIAMI, FLORIDA Remove

33142

USA DChange 1544 NW 44" ST DAdd AMBR Paris Whisby MIAMI FLORIDA 33142 PREMOVE (Name) _____ □Remove _____ □Change □Remove __ 🗀 Change □Remove

______ □Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
(If an effective Note: 1	e date, if other than the date of filing:
the record	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 d.
Dated _	30 October 2930
	Signature of a phember or authorized representative of a member
	Signature of a incliner of authorized representative of a member
	BIANCA DEUMDUR Typed or printed name of signee

Filing Fee: \$25.00