

L19 000291248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

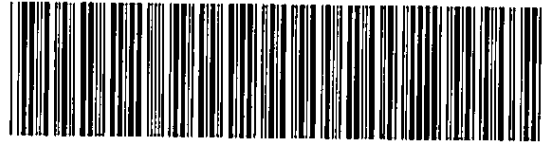
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

D BRUCE
OCT 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISLAND BLU SEAFOOD 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:

PARIS M WHISBY

Name of Person

ISLAND BLU SEAFOOD LLC

Firm/Company

1007 N. FEDERAL HIGHWAY UNIT 144

Address

FORT LAUDERDALE, FLORIDA 33304

City/State and Zip Code

islandbluseafood@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paris M Whisby

754 302-2558
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

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ISLAND BLU SEAFOOD LLC

(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 11/25/2019 and assigned Florida document number L19000291248.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1007 N. FEDERAL HIGHWAY

UNIT 144

FORT LAUDERDALE, FLORIDA 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1007 N. FEDERAL HIGHWAY

UNIT 144

FORT LAUDERDALE, FLORIDA 33304

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:

Name of New Registered Agent:

PARIS M. WHISBY

New Registered Office Address:

1544 NW 44TH STREET

Enter Florida street address

MIAMI

City

Florida

33142

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

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TALLAHASSEE
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Paris M Whisby

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>	<u>Type of Action</u>
MGR	SEYMOUR, BIANCA N	1201 E. SUNRISE BLVD	<input type="checkbox"/> Add
		UNIT 04-406	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change
AMBR	PARIS, PARIS M	1544 NW 44TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNINGS, WILLIE J SR	1500 NW 52ND STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PARIS M WHISBY	1544 NW 44TH STREET	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS E JENNINGS	1544 NW 44TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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SEALY COUNTY CLERK
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated SEPTEMBER 18, 2021



Signature of a member or authorized representative of a member

PARIS M WHISBY

Typed or printed name of signee