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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•				
SHRJECT: LÖV	rejoy Lobster, LLC Name of Lim	_	•			
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter	-				
	_					
	Joshua Die	Name of Person				
	Dieguer & As	Sociates PUC Firm/Contpany	2222 ii			
	7950 NW 155	Address / Suite J	2022 311 11 15			
		FL 3304 City/State and Zip Code				
	josh@diegvez E-mail address: (Lav. con to be used for future annual report notif	ication)			
For further information c	oncerning this matter, please c					
Joshva Digo	f Person	at (<u>305</u>) <u>556 – 9</u> Area Code Daytime	106 Telephone Number			
Enclosed is a check for th	nc following amount:					
D \$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 Addres	:s:	Street Address:				
Registration S	Section	Registration Section				
Division of C P.O. Box 632	-	Division of Corp The Centre of T	•			
Tallahassee, l		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lovejoy Lobsto	rill		
(Name of the Limited L.) (A F	iabhity Company as it no Iorida Limited Liability Co	mpany)	
The Articles of Organization for this Limited Liabil	ity Company were file	d on 12/24/2	0/9 and assigned
Florida document number <u>L2000 000 4314</u>	<u>'</u> .		
This amendment is submitted to amend the following	og:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
A / /	Nt .		
The new name must be distinguishable and contain the words	"Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable		NA	N2 123
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>		9. 9. 0 f
	ere: Dieguez & Asse 1950 NW 159	Street, Ste Enter Florida street address	201
_	City	, Flori	Zip Code
N. D. Commission of the American Device	intered Aponts		

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.

FChanging 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 Type of Action **Address Title** Name 6265 NW 201 Lone _____ Add

Miani, FL 33015 UN _____ Remove AR Dwayne Williams ☐ Change AMBR Austin Lovejoy 3/7/ E. 10th Avenue DAdd

Higlenh, FC 330/3 DRemove __XChange _ □Add □ Change _____ □Remove __ Change □Add ______ Remove

_____ □Change

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iote: If th	ne date inserted in s effective date or	this block does	not meet t	he applicable	statutory filin	g requirements,	this date will	not be listed a
record sport is filed.	ecifies a delayed o	effective date, b	ut not an el	ffective time	, at 12:01 a.m. (on the earlier of:	(b) The 90t	h day after the
	July	6	9	2022				
Dated		1 1			•			
		ohun /	Dies	ales !	ed representative			

Typed or printed name of signee