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COVER LETTER

TO: Registration Set Division of Con			
	Market LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Dabayon Dixon		
		Name of Person	
			287
		Firm/Company	2821 APR 26
	1250 Red Haven Lane		R 26
		Address	PH 3: 36
	Oviedo, FL 32765		E.S. S.
	dabayondixon@gmail.com	City/State and Zip Code	PL 36
	•	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Dabayon Dixon		407 506-5246	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 633 Tallahassee,		The Centre of 1 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&D Fish Market LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>··)</u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 01/16/2020	and assigned
Florida document number 1.20000022888	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
D&D Seafood and Grill, LLC		20
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
		五五五
Inter new principal offices address, if applicable:		- 10
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	<u> </u>
		ကြော်ဟု လူ
No. of the second secon		프린 융
Inter new mailing address, if applicable:		1. 0
Mailing address MAY BE A POST OFFICE BOX)		·
 If amending the registered agent and/or registered gent and/or the new registered office address here: 	office address on our records, enter t	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	orida
	City	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

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
			□Add
			Remove
			□Change
			□Add
			Remove
			[2] [2] [2] [3] [4] [5]
			Add
			Remove S
			🗀 Remove
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Effective date, if other than to the effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific and ca block does not mee	nnot be prior to date at the applicable st			g.) Pursuant to	
he record specifies a delayed effer	tive date, but not an	effective time, at	12:01 a.m. on the e	arlier of: (b) T	The 90th day i	after the
ord is filed.						
	<u> </u>	2021				
ord is filed. Dated April 19		· · · · · · · · · · · · · · · · · · ·	representative of a mer	mber		-

Filing Fee: \$25.00