L20000042282

(Requestor's Name)
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COVER LETTER

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011D 1D 03		ish Camp, LLC		•				
SUBJECT	:	Name of Lin	nited Liability Company					
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please retu	rn all correspo	endence concerning this matter	to the following:					
		Robert A. Thomas						
			Name of Person					
		St John's Fish Camp, LLC						
		 	Firm/Company					
		1100 Pond View Court						
			Address					
		St Johns, FL 32259						
			City/State and Zip Code	· · · ·				
		robert@pspquotes.com						
For further	information c	n-mail address: t oncerning this matter, please c	to be used for future annual reparts:	ort notification)				
Robert A.	Thomas		904 718-9	0005				
	Name of	Person		Daytime Telephone Number				
Enclosed is	a check for th	e following amount:						
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)				
	ailing Addres egistration S		<u>Street Addr</u> Registratio	r <u>ess:</u> on Section				
D	ivision of C	orporations	Division o	of Corporations				
	O. Box 632 allahassee, F			e of Tallahassee Ionroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St John's Fish Camp, 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 $\frac{02/05/2020}{1}$ _____ and assigned Florida document number L20000042282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: St John's Fish Camp & Outback Crab Shack, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 9393-1 Mill Springs Drive Enter new principal offices address, if applicable: Jacksonville, FL 32257 (Principal office address MUST BE A STREET ADDRESS) 9393-1 Mill Springs Drive Enter new mailing address, if applicable: Jacksonville, FL 32257 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ____ City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			DAdd
			□Remove
		 -	Change
			Remove
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	ie date of filing: ust be specific and cannot be block does not meet the a	pplicable statutory fill	(optional) (more than 90 days after filing.) ing requirements, this date	Pursuant to 605.029 will not be listed a
cord specifies a delayed effect s filed.	ive date, but not an effecti	ive time, at 12:01 a.m	, on the earlier of: (b) The	e 90th day after the
May 12	2020	·		
ed				
ed May 12 Robust	Homas Signature of a member or			