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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	Seafood LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey Drew Butt, Esq.		
		Name of Person	
	Squire Patton Boggs		Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ion orations
		Firm/Company	
	201 N. Franklin St., Suite	2100	
		Address	
	Tampa, F1. 33602		
		City/State and Zip Code	<del></del>
	dandiaco@aol.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Jeffrey Drew Butt		813 202-1304 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	7	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fresh Fish Scafood 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 March 30, 2020 and assigned Florida document number 1.20000091899 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fast Fresh Scafood LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Ġ 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: New Registered Office Address: Enter Florida street address

## 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

, Florida

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>	Type of Action
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April 28,	2020		
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Filing Fee: \$25.00