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Registration Section Division of Corporations

Marie's Groit Chicken & Scafood JBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Harland Edouard Name of Person Marie's Groit Chicken & Seafood LLC Firm/Company 809 Cristelle Jean Dr Address Ruskin, FL, 33570 City/State and Zip Code mariedolce111@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 754 221-6279 Marie Dolce Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tailahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marie's Groit Chicken & Seafood LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)			
he Articles of Organization for this Limited Liability Company w lorida document number	ere filed on	and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabili	ty company here:			
Marie's Griot Chicken & Seafood LLC	ame, enter the new name of the limited liability company here: ten & Scaftoxd LLC e distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" pal offices address, if applicable: address MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) he registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: New Registered Agent: City Zap Code gent's Signature, if changing Registered Agent: he appointment as registered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and tions of my position as registered agent as provided for in Chapter 603, F.S. Or. If this document is			
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."		
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		2		
·		γ ₀		
Enter new mailing address, if applicable:		20		
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Mauing address MAT BE ATOST OFFICE BOXY		,		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:		,,,		
N. D. S. 1007 Alleren				
New Registered Office Address:	Enter Florida street address			
	. Floric	ła		
		Zıp Code		
New Registered Agent's Signature, if changing Registered Agent:				
provisions of all statutes relative to the proper and complete p	erformance of my duties, and i ovided for in Chapter 605, F.S	am familiar with and COr, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added r removed from our records</u>:

4GR = Manager

MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
viGR	Marie C. Dolce	7949 Venetian S.T., Miramar, FL, 33023	= Add
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-	<u> </u>	Signature	of a member	or authorized re	presentative of a	member		