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TO:

Registration Section

Division of Co	orporations				
	rida Connections, LLC				
SUBJECT:	Name of Lim	nited Liability Company	<u>-</u> .		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Travis Lang				
	Name of Person				
	Oviedo Oyster House				
		Firm/Company			
	1500 Alafaya Trail, Suite	1056			
		Address			
	Oviedo, FL 32765				
		City/State and Zip Code			
	admin@oviedooysterhouse E-mail address: (.com to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:	ŕ		
Travis Lang		407 505-9063			
Name	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for	the 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)		
Mailing Addre Registration		Street Address: Registration So	ection		
Division of	Corporations	Division of Co	Division of Corporations		
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

North Florida Connections LLC

SECRETAL PHIZZE (Name of the Limited Liability Company as it now appears on our recor

(A Florida Limited I	гаонну Сотрану)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000265978</u> .	were filed on 8/26/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Oviedo Oyster House LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1500 Alafaya Trail	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1056	
	Oviedo, FL 32765	
Enter new mailing address, if applicable:	1500 Alafaya Trail	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1056	_
	Oviedo, FL 32765	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new regis
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	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 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
			□Change
			□Add
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ective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block tument's effective date on the Department.	specific and cannot be prion to the specific and cannot be prion to the specific applications.	r to date of filing or more cable statutory filing r	(optional) e than 90 days after filing equirements, this date) Pursuant to 605.0207 will not be listed as
cord specifies a delayed effective da s filed.	ate, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
June 14th	2023			
				
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	Management of a member of auth	norized representative of	a meniber	