## LZO 000292640

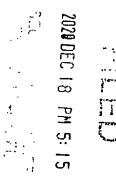
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	OUM Florida Name of Limite	SCA FOOD C	om Pany
	Amendment and fee(s) are subm	<u>-</u>	
Please return all correspo	ndence concerning this matter to	the following:	
	michael	Khashmar	<u> </u>
		Name of Person	
	Jouth Florid	da scafood co	impany, LLC
	53 meadow!	S Drive, Boynton	n Beach FL. 33436
		PaCh FL, 334 City/State and Zip Code	,
	mike Khashr	City/State and Zip Code  Nan (12) 9 9 9 11  be used for future annual report noti	. Com
For further information co	oncerning this matter, please cal	1:	
Michael	Khashman		-3547
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	porations
P.O. Box 632	1	The Centre of T	LAHADASSEE

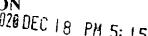
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION OF 2020



South Honda Statood Company (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Forma Emilia Emilia)
The Articles of Organization for this Limited Liability Company were filed on 09/17/20 and assigned Florida document number L20000292640
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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)
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: MiChall Khashmum
New Registered Office Address:  Enter Florida street address
Florida 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 FALED

<u>Title</u>	<u>Name</u>	Ž	Address 18	PM 5: 15	Type of Action
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to content. If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated NOWM her 4th 2020	)
Signature of a member of authorize	ed representative of a member

Filing Fee: \$25.00