From Registered Agents Inc.

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Tc 18506176383

Fax Number : (850)617-6383

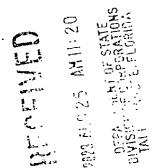
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

tmall	Address:			



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILD SHRIMP WORLD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SHRIMP WORLD			
( <u>Name of the Limi</u>	ited Liability Company (A Florida Limited Lia	as it now appears on or felity Company)	ir records.)	
The Articles of Organization for this Limited L	Liability Company w	ere filed on <u>11/19/2</u>	020	and assigned
Florida document number <u>L20000357604</u>	T-T-T-tot			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabili	y company here:		
The new name must be distinguishable and contain the	words "Lunited Liability	Company," the designan	on "LLC" or the abbr	eviation "L.L.C"
Enter new principal offices address, if applie	cable:	· · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
		•		
B. If amending the registered agent and/or agent and/or the new registered office addre		iress on our records	s, enter the name	of the new registere
Name of New Registered Agent:	Northwest Registered Agent LLC			
New Registered Office Address:	7901 4th St N STE 300  Ener Florida sircei address			
	St. Petersburg	-	Florida <u>33</u> 7	
		CIA		Zip Code

## New Registered Agent's Signature, it 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, fignature of New Registered Agent

8/24/2023 15.20:02 PDT

Tc 18506176383

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From Registered Agents Inc.

Fax: 8134365206

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
MGR	Wasersztein, Adriana	1031 NE 203 LN	🗆 Add
		Miami, FL 33179	5≹Remove
		· <del></del>	[] Change
MGR_	Sindu LLC	30 N Gould St Suite N	X Add
		Sheridan, WY 82801	□Remove
			□Change
			□Add
			□Remove
			☐ Change
		<b>-</b> -	□Add
			□Remove
			□Change
			□Add
		<del></del>	L]Remove
			□ C'hange
			ClAdd
			□Remove
			ETI C'Uma en

To 18506176383

Nat Smith Lyped or printed name of signee