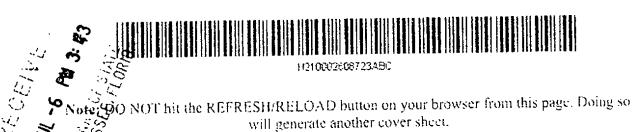
## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 : (305)444-4994 Phone : (305)444-4977 Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOYNTON BEACH SEAFOOD COMPANY LLC

| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOYNTON BEACH SEAFOOD COMPANY I   |   | on our records 1                             |
|---|---|--|
| (Name of the Limited Liability (A Flonda Li   | imited Liability Company)               | on our records:)                             |
| The Articles of Organization for this Limited Liability Con   | 5/2021 and assigned                     |  |
| Florida document number 1.21000003812   |   | ာ  |
| This amendment is submitted to amend the following:   | 21.                                     |  |
| . If amending name, enter the new name of the limite  | d liability company her                 |  |
| SEVEN OCEANS SEAFOOD LLC  |   | - H  |
| The new name must be distinguishable and contain the words "Limite  | d Liability Company," the des           | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 4217 N STATE F                          | OAD 7  |
| Principal office address MUST BE A STREET ADDRE   | LAUDERDALE                              | LAKES, FL 33319                              |
| Principal office address MOST BE A STREET ABOVE   |   | <u> </u>                                     |
| Enter new mailing address, if applicable:   | 4217 N STATE F                          |  |
| Mailing address MAY BE A POST OFFICE BOX)   | LAUDERDALE                              | LAKES, FL 33319                              |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:  CHANG | office address on our re                | cords, enter the name of the new register    |
| Name of New Registered Agent.  4217 N STATE ROAD 7  |   |  |
| New Registered Office Address: 4217 N   | - · · · · · · · · · · · · · · · · · · · | la street address                            |
| LATIDE  | RDALE LAKES                             |  |
| LAUDE   | City                                    | , Florida 33319 Zip Code                     |
| New Registered Agent's Signature, if changing Registered.   | ř                                       |  |

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.

From: Yanet A

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2021-07-06 19.09:08 UTC

MGR = Manager AMBR = Authorized Member

| Title                                  | Name              | Address  | Type of Action                  |
|--|-------------------|--|---------------------------------|
| AMBR                                   | CHANGE OF ADDRESS | 4217 N STATE ROAD 7  | C'Add                           |
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| AMBR                                   | CHANGE OF ADDRESS | 4217 N STATE ROAD 7  | [^dd                            |
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| MGR                                    | Lydia G. Wood     | 6107 BRANDYWINE DR'N   | 5 5<br>S <b>S</b> Dadd <b>S</b> |
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| f the record<br>ecord is file | specifies a delayed effective date, but not an effective time, at 12:01 c.m. on the earlier of: (b) The 90th date. | ly after the               | •                 |
| Dated _                       | UNE 30 2021  |                            |                   |
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