LZ1000169542

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Dc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L	Office Use Onl	y S.C.
		5.C. 05/24/21



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COVER LETTER

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TO: Registration Section Division of Corporations

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L&T SEAF SUBJECT:	FOOD LLC		· .
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tonya M. Wilson		
		Name of Person	
	L&T Seafood LLC		
		Firm/Company	<u> </u>
	377 NE COUNTRY KITO	THEN RD	
	·····	Address	
	MADISON, FL 32340		
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notifica	nion)
For further information c	oncerning this matter, please c	all:	{
Tona M Wilsom		850 673-1537	2621
Name o	fPerson	at () Area Code — Daytime T	elephone Number
Enclosed is a check for th	ie following amount:		
El \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	S60.00 Filing Fee. Certificate of Patus & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L&T SEAFOOD LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{04/12/20}{2}$	121 and assigned
Florida document number 1.21000169542	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the designation of the second s	tion "LLC" or the abbreviation "L.L.C."
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)	<u></u>
	<u>107</u>
B. If amending the registered agent and/or registered office address on our record agent and/or the new registered office address here:	ls, enter the name of the new.register
agent and/or the new registered office address here:	
	\geq
Name of New Registered Agent:	= 0
New Registered Office Address:	2

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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.

_ Florida _

Zip Code

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Tonya M. Wilson	377 NE COUNTRY KITCHEN RD	🖬 Add
		MADISON, FL 32340	🗆 Remove
			□Change
<u> </u>			Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			\sim -
			🗆 Add
			🗆 Remove
			□Change
			Eladd
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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05/21/21	(antional)	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 5 21 2021	
JUNIE 7 24SIL	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	