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COVER LETTER

TO:

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

	gistration Se vision of Cor					
elibiect.		SEAFOOD LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fec(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		JESSICA LEVASSEUR				
			Name of Person			
		ORLANDO SEAFOOD LI	LC			
			Firm/Company	, <u>, , , , , , , , , , , , , , , , , , </u>		
		534 TUPELO CIRCLE				
			Address			
		DAVENPORT, FL 33897				
		City/State and Zip Code				
		jsl10174@yahoo.com				
For further i	nformation c	e-mail address: 0	to be used for future annual report no alt:	onneanon)		
Jessica Leva			863 409-7449			
	Name o	f Person	at () Area Code Dayti	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
= \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Street Address:

Registration Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORLANDO 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 $\frac{5/6/2021}{1}$ ____ and assigned Florida document number ______L21000211989 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 534 TUPELO CIRCLE Enter new mailing address, if applicable: DAVENPORT, FL 33897 (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: New Registered Office Address: Enter Florida street address

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.

Citv

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>	<u>Name</u>	Address	Type of Action
MGR	PHYLISS M SPRING	9703 E COLONIAL DR ORLANDO. FL 32817	□Add
			=Remove
]Change
MGR	MICHAEL W SPRING	534 TUPELO CIRCLE, DAVENPORT, FL 33897	BAdd
			□Remove
			OChange
			□Add
			□Remove
			□Change
			□Add
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ote:	ve date, if other than the date of filing:
recor	d 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
l is fi	
ate::	May-9 2624
	Janica Sugarneur
	Signature of a member or authorized representative of a member
	Jessica Levasseur
	Jessica Levasseur Typed or printed name of signee

Filing Fee: \$25.00