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COVER LETTER

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TO: Registration Section Division of Corporations

Tallahassee, FL 32314

	aculture Specialists, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew Smalt		
		Name of Person	
	Reef Aquaculture Special	lists, LLC	
		Firm Company	,
	37200 Calhoun Road		
		Address	
	Eustis, FL 32736		
		City/State and Zip Code	
	andysmalt@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Andrew Smalt		321 303-9436	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 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 Address Registration	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reef Aquaculture Specialists, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000268305</u> .	were filed on June 9, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "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)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registere
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		2
New Registered Office Address.	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		.'5
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I further agi	ree to comply with the amiliar 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANDREW SMALT	37200 CALHOUN ROAD	□ Add
		EUSTIS, FL 32736	
			≡ Change
AMBR	ТНЕ РНАМ	1417 WALLACE MANOR	□ Add
		WINTER HAVEN, FL 33880	
	<u> </u>		
			□Remove
			□ Change
			□Add
			Remove
			□Change
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			□Remove
			□ Change

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ective date, if other than t effective date is listed, the date i	nust be specific and cannot b	be prior to date of filing	g or more than 90 days after fi	ling.) Pursuant to 605.020
e: If the date inserted in this ument's effective date on the			titing requirements, this o	iate will not be fisted a
cord specifies a delayed effec	tive date, but not an effe	ctive time, at 12:01	a.m. on the earlier of: (b)	The 90th day after the
filed.				1
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	Signature of a member	or autnorized represen	tauve of a member	,