

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do:	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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03/15/23--01030--004 **25.00

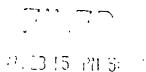


COVER LETTER

TO: Registration Se Division of Cor			
	Seafood Restaurant LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	endence concerning this matter	to the following:	
	Garry Constantine		
		Name of Person	
		Firm/Company	
	1428 Wishbone Rd	r mucompany	
	1426 Wishbone Rd	Address	
	Cantonment FL 32533		
		City/State and Zip Code	
	garryconstantine100@gmai		
		to be used for future annual report	notification)
For further information of	oncerning this matter, please c	all:	
Garry Constantine		850 490-315 at ()	
Name o	of Person	Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration		Street Address Registration	
Division of C		-	Corporations
P.O. Box 632			of Tallahassee
Tallahassee,	FL 32314	2415 N. Mo	nroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Shannon's Seafood Restaurant 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 2/02/2022 and assigned Florida document number L22000055661

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Shannon's Seafood Kitchen LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

· 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
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			□Change
			
			□Remove
		-	□ Change
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			□Add
		Remove	
			Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change

	Please update the name of the business to reflect new name.	
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ffect	ctive date, if other than the date of filing:(option	onal)
ian efi Note:	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after. If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0207
ocum	ment's effective date on the Department of State's records.	date will not be listed as
recor	ord 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
d is fi	filed.	
	0 1/ 2020	
Dated	2-14-202	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee