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Office Use Only



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2022 JUN 30 KM II : 0

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Tilapia Factory, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amanda Roden Name of Person	
The Tilapia Factory, LLC	
9751 E Bay Harbor Dr, 904	
Bay Harbor Islands, FL 3	33154
gamin @ tilapia Factory. Com E-mail address: (to be used for future annual report notification)	<u>, </u>
For further information concerning this matter, please call:	
Amanda Roden at (305) 807 92 Name of Person Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee \$\	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Designation Soution Designation Soution	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF 2022 JUN 30 AM II: 02 ability Company as it now appears on our records (1964-16) forida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/25/22}{}$ and assigned Florida document number <u>L 22000</u> 24.3536 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida _ City 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.

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>	Address	Type of Action
MUR	Amanda Roden	9751 E Bay Harbor Dr.	□Add
		Unit 904, Bay Harbor	□Remove
		Islands, FL 33154	
			🗆 Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			DAdd
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change

change Title of Amanda Roden (Owner) to MGR (manager)
to MGR (manager)
. Effective date, if other than the date of filing:
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 cord is filed.
Dated $\frac{U/20/22}{}$.
Signature of a member or authorized representative of a member
Amanda Roden Typed or printed name of signee

Filing Fee: \$25.00