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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

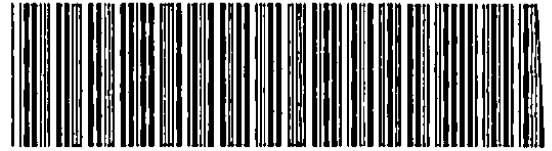
(Business Entity Name)

(Document Number)

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R. HUNT

FILED  
2007 JUN 29 AM 4:52  
TAMPA, FL  
CLERK OF DISTRICT COURT

TO: Registration Section  
Division of Corporations

SUBJECT: Correction of Business Name (Excellent Choice Seafood 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:

Craig Fells

Name of Person

Excellent Choice Seafood LLC

Firm/Company

10151 Deerwood Park Blvd. ste. 250

Address

Jacksonville FL 32256

City/State and Zip Code

craigf1116@gmail.com

E-mail address: (to be used for future annual report notification)

2007-11-24 AM 4:52  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Craig Fells 904 576-8641  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing 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

TO: Registration Section  
Division of Corporations

SUBJECT: Excellent Choice Seafood 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:

CRAIG Fells  
Name of Person

Excellent Choice Seafood LLC.  
Firm/Company

10151 Deerwood Park Blvd ste 250  
Address

JACKSONVILLE FL 32256  
City/State and Zip Code

Craigf1116@gmail.com  
E-mail address. (to be used for future annual report notification)

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TALLAHASSEE  
STATE  
JAN 24 AM 4:52

For further information concerning this matter, please call:

Craig Fells at (904) 576-8641  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: ALready PAID money ORDER 10/22

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|--|---|

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

TO  
**ARTICLES OF ORGANIZATION**  
OF

Excellent Seafood Choice 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 10/14/2022 and as  
Florida document number L22000444101.

This amendment is submitted to amend the following:

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

Excellent Choice Seafood LLC

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

**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)**

2022 OCT 24 AM 4:52  
CLERK OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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OCT 24 AM 4:52

ONLY

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

*None*

*None*

2023 OCT 24 AM 11:52  
DEPT OF STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

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 record is filed.

Dated 1-31- 2023

*Craig Fellus*

Signature of a member or authorized representative of a member

CRAIG FELLUS

Typed or printed name of signee