## L23000063837

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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S. ROBERTS MAY - 9 2023

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:	Name of Lim	OOA LLC ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel	Stone Name of Person	
	Stones	Seafood LL Finn/Company	<u></u>
	6037 SW	Monarch Ral	
	dstone2	L 32052 City/State and Zip Code L38 @hotmail. Co to be used for future annual report noti	ification)
For further information of	oncerning this matter, please or	all:	
Daniel St	TONC fPasson	at ( <u>38b)</u> <u>855 -</u> Area Code Daytin	- 1841 ne Telephone Number
Enclosed is a check for the	he following amount:		
X \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compo		ur records.)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>してろりののゆろ837</u>	v were filed on <u>Feb</u>	. 3 1.013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>	····
(Principal office address MUST BE A STREET ADDRESS)		20
		77
		<del>.</del>
er i de la		. 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
		$\varphi$
B. If amending the registered agent and/or registered office	address on our record	s, 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 str	eet 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 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
Mas	Cassandra Spivey	6037 SW Monarch Rd Jase	<u>C</u> □Add
		FL 32052	i⊠Remove
			□Change
AMBR	Daniel Stone	10037 SW Monarch Ad Jac	bbA⊠ <u>75/k</u>
		FL 32052	□Remove
			□Change
		<del> </del>	□Add
			□Remove
		·	□Change
	<del></del>		□Add
			□Remove
		<del></del>	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

	<u> </u>	
Note: If the	date, if other than the date of filing:	optional) after filing.) Pursuant to 605.0207 , this date will not be listed as
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
d is filed.		
d is filed.		
d is filed.	March 13 <sup>th</sup> 2013  Signature of a member or authorized representative of a member	