L23000138655

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A. RAMSEY AUG - 8 2023

COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C		•			
	SEAFOOD LLC				
Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	CHRISTINE GALA				
		Name of Person			
		Firm/Company			
	7227 HENDRY CREEK E	DRIVE			
		Address			
	FORT MYERS, FL 33908				
	TRICOCG@AOL.COM	City/State and Zip Code			
	-	to be used for future annual report	notification)		
For further information	n concerning this matter, please c	all:			
CHRISTINE GALA		239 770-177			
Nam	e of Person	at () Area Code Da	sytime Telephone Number		
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
Mailing Add		Street Address			
Registratio Division of	n Section Corporations	Registratior Division of	Corporations		
P.O. Box 6			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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TRICO SEAFOOD LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lir	nited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L23000138655</u> .	npany were filed on 03/17/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
Big Daddy's Shrimp Co. LLC			
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 ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street a	ddress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered ocompany has been notified in writing of this change.	plete performance of my dutient as provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is	

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
			□Remove
			□Change
			□Adđ
			□Remove
		<u></u>	□Change
			□Add
			□Remove
			□Change
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			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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 605.0207 (3 (b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 the record is filed.