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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Help. LEMIEUX JUN - 3 2024 Registration Section

TO:

From: Michael Matheny

COVER LETTER

Division (of Corporation	ons			
COL.	OSSAL SHR	IMP LLC		•	· 4
301001		Name of Lim	ited Liability Company		
The enclosed Artic	les of Amend	ment and fee(s) are sub-	mitted for filing.		
Please return all co	rrespondence	concerning this matter	to the following:		
	Ch	eyenne Moseley			
			Name of Person		
	Leg	galzoom.com, Inc.			
			Firm/Company		
	10	N Brand Blvd 11th Fi			
	_	· · ·	Address		
	Glo	endale, CA 91203			
•			City/State and Zip Code	;	
	leefe	ciner@gmail.com			
		E-mail address: (I	to be used for future annua	I report notification	1)
For further informa	ntion concerni	ng this matter, please ca	all:		
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1	Vame of Person		Area Code	Daytime Telep	phone Number
Enclosed is a check	k for the follo	wing amount:			
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1 1	MAILING A Registration S Division of Co P.O. Box 6327	ection orporations	Registra Division	CT/COURIER A ation Section n of Corporations Building	
7	fallahassee, F	L 32314	2661 Ex	kecutive Center C	ircle

Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLOSSAL SHRIMP LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000028113</u>	were filed on 01/12/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3339 Virginia Street #341
(Principal office address MUST BE A STREET ADDRESS)	Coconut Grove, Miami-Dade, FL 33133
Enter new mailing address, if applicable:	3339 Virginia Street #341
(Mailing address MAY BE A POST OFFICE BOX)	Coconut Grove, Miami-Dade, FL 33133
	A TO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	19
- The state of the	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Michael Matheny

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
AMBR	Lee A. Feiner		
			U Add
			□ Remove
		3339 Virginia Street #341 Coconut Grove, Miami-Dade, FL 33133	
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change
·			
			☐ Remove
			Change
			Remove
			Change

To:

Signature of a member or authorized representative of a member

Lee Feiner

Typed or printed name of signee

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Filing Fee: \$25.00