## L24000228728

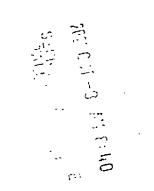
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## **COVER LETTER**

TO: Registration Se Division of Cor					
	BANDITS AND RIB RUNNE	ERS GROUP LLC			
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
Trease return an correspo	Anton Holmes	to the following.			
	Amon Homes				
		Name of Person			
	SEAFOOD BANDITS AN	ID RIB RUNNERS GROUP LLC			
		Firm/Company	***************************************		
	1923 Bruton Blvd				
		Address			
	Orlando, Fl 32805				
		City/State and Zip Code			
	seafoodbandits@gmail.com	ı			
	E-mail address: (	to be used for future annual report notif	•-		
For further information of	concerning this matter, please c	all:	ن ل		
Anton Holmes		407 7790865			
Name o	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he 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 Addre	κε·	Street Address:			

Mailing Address:
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 TO ARTICLES OF ORGANIZATION OF

SEAFOOD BANDITS AND RIB				
(Name of the Lim	ted Liability Company as it now: (A Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited I Florida document number £24000228728	Liability Company were filed o	on 05/16/2024	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability compa	iny here:		
The new name must be distinguishable and contain the	words "Limited Liability Company,	"the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:			- 2	
(Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or	registered office address on	our records, enter the	name of the new register	
agent and/or the new registered office addre	ess here:	, <del></del> _		
			~~~ 	
Name of New Registered Agent:	Mary Holmes		<u> </u>	
New Registered Office Address:	1923 Bruton Blvd			
	Enter Florida street address			
	Orlando	, Florid	a 32805	
	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.

May Halmes
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
MGR	Dorian Murray	1923 Bruton Blvd, Orlando Fl 32805	
			■Remove
			□ Change
			□Add
			□Remove
			□Change
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3	
ecord specifies a delayed effective date, but not an effec-	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
is filed.	
. 09/26/2024 12:01	am
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