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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shrmp Gorl Wild 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:
Michael Guzzetti Name of Person
Shrmp Gone Wild LLC Firm/Company
UCOS NOVA AVE. N Address
Lehigh Acres, fronda 33971 City/State and Zip Code
Shimponewild Cyahoo. Com E-mill address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Guzzetti (239), 243-4642
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sade Sade Sade Sade Sade Sade Sade Sa

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

Shring Gone V	VII d LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 85 2024 and assigned Florida document number L24000342276.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	I liability company here:				
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	55)				
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, enter the name of the new registered				
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 A					
provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the aplete performance of my duties, and I am familiar with and out as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability				

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>	Address	Type of Action
AMBR	Danielle E Reid	17701 SE Mill Plain Ave #213	□Add
		vancouver, wa 98683	_ ZRemove
			□Change
AMBR	Stephanie Scharschmidt	251 East 10th St	🗆 Add
		fond du lac, WI 54935	Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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