(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP | WAIT | MAIL 11/19/24--01029--023 +60.00

(Business Entity Name)

(Document Number)

Office Use Only

Certified Copies _____ Certificates of Status ___

Special Instructions to Filing Officer:

SECRETARY OF STATE TAIL LANASSEE, FL

COVER LETTER

TO:	Registration So Division of Cor				
	Antebi Aqu				
SUBJE					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Lawrence Antebi			
			Name of Person		
		Antebi Aquaculture and Fis	sheries		
		373 SW LOG Drive		2024 NOV 19 AH 6: 30 SECRETATOR OF STATE SECRETALLAHASSEE, FL	
		Port St. Lucie/Florida 3495	Address Port St. Lucie/Florida 34953		
		occupydancefloormusic@gr	City/State and Zip Code occupydancefloormusic@gmail.com		
		E-mail address: (to be used for future annual report notification)	THE O	
For furt	ther information c	oncerning this matter, please ca	ıll:		
Eawrence Antebi			561 373-8289		
Name of Person			at () Area Code Daytime Teleph	one Number	
Enclose	ed is a check for th	ne following amount:			
□ \$2±	5.00 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		Section forporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antebi Aquature and Fisheries LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number	and assigned		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
Antebi Aquaculture and Fisheries LLC			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th		
Enter new principal offices address, if applicable	e:	2024 SE	
(Principal office address MUST BE A STREET A	1DDRESS)	TAKEY 19	
Enter new mailing address, if applicable:		S/OF 3 E C 9	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	FITE 3	
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the n</u> ere:	ame of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
-	Fiorida	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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			SECRETARY OF STATE CHARLING SERVES FL Change
			COF STATE
			□ Change ' ' '
			□Change
			□Remove
			⊡Change
			□ Add
			□Remove
			□Change

TITTE