Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (614)280-3338
Fax Number: (954)208-0845

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEWATTA, LLC

Certificate of Status	0
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Page Count	04
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JUN 1 9 2020

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA 2020 July 18 AM 10: 17

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Fl	orida Department of
State: Wewatta, LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	oility company is: M190	X00002353
3. Jurisdiction of its organization: 4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applicable of the limited liability company: Options (must)	hanges) enwater Scafood LLC contain "Limited Liabil	ity Company, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of trans aging members adoptin ." or "LLC.")	acting business in Florida and attach a g the alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida Street Address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	it and agree to act in thi and complete performa ired agent as provided) in the registered office o	nce of my duties, and I am familiar with For in Chapter 605, F.S. Or. if this

If Changing Registered Agent. Signature of New Registered Agent

3. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change: 2023 JULI 18 AH 10: 17				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Remov	
			□Remov	
			□Add	
			□Remov	
			□Add	
			□Remov	
aforementioned a	the law of which this entity is or	by the official having custody of recor	☐Remo	

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEWATTA, LLC", FILED

A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "OPENWATER

SEAFOOD LLC" ON THE SEVENTEENTH DAY OF JUNE, A.D. 2020, AT 1:55

O'CLOCK P.M.



Authentication: 203134390

Date: 06-18-20