P21000023461

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(======================================					
(Document Number)					
Certified Copies Certificates of Status					
Cassist learnesting to filling Office					
Special Instructions to Filing Officer:					

Office Use Only



700428650827

05/03/24--01008--006 **43.75

2025 1117 - 3 | J. 11 | Pr 5 q



COVER LETTER

TO: Amendment Section Division of Corporations

IAME OF CORPORATION: Above The SEA Restaurant INC.
OCUMENT NUMBER: P2 1 0000 23 461
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Patrick Living STON Name of Contact Person Above The SEA Restaurant Inc. Firm/ Company 9767 Quinn Court Address Welling ton FL 33414 City/ State and Zip Code Palliving STON CVA Nov. Com E-mail address: (to be used for future/annual report notification)
or further information concerning this matter, please call:
Name of Contact Person at (572) 350-6414 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee. FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

of

Above The SEA Res	taurant Inc.	No.
(Name of Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)
P210000 234	61 2024	· · · · · · · · · · · · · · · · · · ·
(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607,1006, Florida Statutes, this F s Articles of Incorporation:	lorida Profit Corporation adopts the	following amendment(s)
If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "co lnc.," or Co.," or the designation "Corp." "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the al professional corporation name mu	breviation "Corp.," st contain the word
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office address:		2
Name of New Registered Agent IMOGE NE	Living STon	
9046 Duno	LIVING STUN nt PLACE maddress) Florida	
3 7	Υ Florida	33414 (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the p	osition.
Amostal Signature of New Rev	Stered Agent if changing	
bush if applicable	notes carrigora, ij changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

.If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John D	oe	
X Remove	У	Mike Jo	ones	
χ_X Add	SY	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1)Change	M5.		I Mogene Livingstor	9046 Duport PL
Add Add			I Mogene Livingstor- Secetary	9046 Duport PL Wellington, FC
Remove			-	33414
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add			···	
Remove				

	or adding additional ional sheets, if necessar	y). (Be specific)			
					
<u> </u>					· · · · · · · · · · · · · · · · · · ·
					
			_		
				<u>-</u>	
					
				···-	
-					
					
				·	
			· · · · · · · · · · · · · · · · · · ·		
		·			
				· · · · · · · · · · · · · · · · · · ·	
					
an amendi provisions f	ment provides for an of for implementing the applicable, indicate N/A	exchange, reclassifi	cation, or cancella contained in the ar	ation of issued sha nendment itself:	nes.
(1) 1101 12	ррисине, тисие пл	,			
			. <u></u> -		
				<u></u>	
					

The date of each	h amendment(s) adopti ent was signed.	on:	04/26/24		, if other than th
Effective date it	f applicable:	(no more t	24 01 134 han 90 days after an	nendment file date,)
Note: If the dat document's effect	te inserted in this block ctive date on the Departs	does not meet the a	applicable statutory rds.	filing requiremen	ts, this date will not be listed as the
Adoption of Am	nendment(s)	(CHECK ONE)			
☐ The amendme action was no	ent(s) was/were adopted t required.	by the incorporator	s, or board of direct	ors without shareh	older action and shareholder
The amendme by the shareh	ent(s) was/were adopted tolders was/were sufficie	by the shareholders	The number of vo	tes cast for the am	endment(s)
☐ The amendme must be separ	ent(s) was/were approve rately provided for each	d by the shareholde	rs through voting gn ed to vote separately	oups. The following on the amendmen	ng slatement nt(s):
	imber of votes cast for th				.,
by		3		,,	
		(voting group)		 .	
	Dated 04/	20/24			
	Signature V) /.			
	(By a directo	r, president or opter	officer - if director	s or officers have	not been
	selected, by a	an incorporator – if	in the hands of a rec	ceiver, trustee, or c	ther court
	appointed no	luciary by that fiduo	ciary)		
		Arrick	Livings	ton S	SR.
		(Typed or pri	nted name of person	signing)	
		The Sid	enT		
		(Title of perso	nn sioning)		