

LL600000 9804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

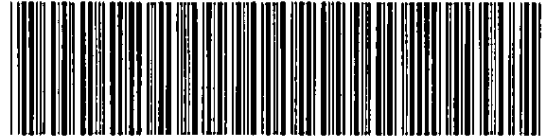
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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00 FEB 06 2020 10:35 AM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JAN 31 AM 10:35

LLC
Amend.

FEB 06 2020

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2019

TRAPANANDA SEAFARMS, LLC
175 SW 7TH STREET
SUITE 1102
MIAMI, FL 33130

SUBJECT: TRAPANANDA SEAFARMS, LLC
Ref. Number: L16000009804

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

PLEASE RETURN THE CHECK ALONG WITH THE DOCUMENT BEING FILED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 219A00021776

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAPANANDA SEAFARMS 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:

RICK CANO
Name of Person
TRAPANANDA SEAFARMS LLC
Firm/Company
175 SW. 7TH STREET
Address
MIAMI, FL 33130
City/State and Zip Code
RCANO@TRAPANANDASF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Pedro Parant at (305) 497-3648
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

TRAPANANDA SEAFARMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-19-16 and assigned Florida document number L16000009804.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
2020 JAN 31 AM 10:35

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	<u>RIQUELME, GONZALO</u> Former Controller	<u>175 SW 7th STREET</u> <u>SUITE # 1102 MIAMI, FL 33130</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	<u>JUAN PEDRO PARANT</u> New Controller	<u>175 SW 7th STREET</u> <u>SUITE # 1102 MIAMI, FL 33130</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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