## 117000025012

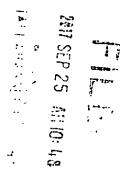
(Requestor's Name)
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PICK-UP WAIT MAIL
(Duainaga Estity Mama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SEP CARPERIE

## **COVER LETTER**

	gistration Sections of Corp									
SUBJECT:		A FOOD SUPPLIERS, LLC								
SUBJECT.		Name of Limit	led Liability Company							
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.							
Please return	all correspon	dence concerning this matter to	o the following:							
		BLANCA JULIA ARIAS								
			Name of Person	<del></del>						
		LAND & SEA FOOD SUP	PLIERS, LLC							
			Firm/Company							
		10191 W SAMPLE ROAD	SUITE 216C							
			Address							
		CORAL SPRINGS FL 33065								
			City/State and Zip Code							
		LANDANDSEAFOODSUP	PLIERS@GMAIL.COM  o be used for future annual report notifica							
				non)						
For further i	nformation co	ncerning this matter, please ca	I <del>l</del> :							
BLANCA J	ULIA ARIAS		561 2903213 at ()							
	Name of	Person	Area Code Daytime To	elephone Number						
Enclosed is	a check for the	e following amount:								
\$25.00 1		S30.00 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/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 24, 2017

BLANCA JULIA ARIAS 10191 W SAMPLE ROAD SUITE 216D CORAL SPRINGS, FL 33065

SUBJECT: LAND & SEA FOOD SUPPLIERS, LLC

Ref. Number: L17000025012

We have received your document for LAND & SEA FOOD SUPPLIERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

2049 SEP 25 AM

Letter Number: 517A00017456

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND & SEA FOOD SUPPLIERS, LLC							
(Name of the Limited Lii (A Flo	ability Company orida Limited Lia	as it now appears on our bility Company)	records.)				
The Articles of Organization for this Limited Liabili	7 and assi	gned					
Florida document number L17000025012	·						
This amendment is submitted to amend the following	g:						
A. If amending name, enter the new name of the	<u>limited liabili</u>	ty company here:					
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L	C."			
Enter new principal offices address, if applicable	<b>.</b>	10191 W SAMPLE RO	AD SUITE 216 CORAL SE				
(Principal office address MUST BE A STREET AL	DDRESS)	FLORIDA 33065	<u> </u>	79. 11.			
(Frincipal office dataress MOST BE A STREET ADDRESS)		and the second of the second o					
Enter new mailing address, if applicable:		SAME	# (	22.5			
(Mailing address MAY BE A POST OFFICE BOX	Q		···	ik .			
				ਜ਼- <del></del>			
			. 4	Ģe −			
B. If amending the registered agent and/or r registered agent and/or the new registered office		ce address on our r	ecords, enter the name o	of the new			
Name of New Registered Agent: B	BLANCA JULIA ARIAS						
New Registered Office Address:	10191 W SAMPLE ROAD SUITE 216 CORAL SPRINGS FL 33065						
Non Angelia of the Had add.	Enter Florida street address						
С	ORAL SPRINC	S	, Florida _33065				
		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

Page 1 of 3

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>	Type of Action
AMBR	MANUEL F SALGAR	3851 NW 110TH AVE	Add
		CORAL SPRINGS FL 33065	■ Remove
			Change
Reg.Agen	MANUEL F SALGAR	3851 NW 110TH AVE	Add
		CORAL SPRINGS FL 33065	■ Remove
			□ Change
<del></del>			
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		Signati	ire of a	member or a	iuthorized ren	resentative of	a member			_	

Page 3 of 3

Filing Fee: \$25.00