L19000016228

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Amend

MAY - 6 2019 I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor			
		R& D SEAFOOD, LI	_C	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		D	ANILO FIGUEREDO	
			Name of Person	
			R& D SEAFOOD, LLC	
		•	Firm/Сотралу	
			4351 NW 173rd Dr	
			Address	
		МІ	AMI GARDENS, FLORIDA 33	055
		·	City/State and Zip Code	-
		E-mail address: (to be used for future annual report n	otification)
For fur	rther information c	oncerning this matter, please ca	all:	
DA	NILO FIGUERED	00	at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	sed is a check for the	he 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

R & D SEAFOOD, 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 ______01/158/2019 and assigned Florida document number ______L19000016228 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
VP	DANILO FIGUEREDO, JR	4351 NW 173RD DR MIAMI GARDENS, FLORIDA 33055	= Add
			☐ Remove
			Change
			Add
		□ Remove	
			□ Change
			Remove
		☐ Change	
		Add	
			☐ Remove
			☐ Change
		Add	
			Remove
		□ Change	
			Remove
			☐ Change

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Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	April 23, 2019.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00