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12 MAY -9 AM II: 17
SECRETANT OF STATE
THE AMAGREE FRORD

K.SALY EXAMINER MAY 1.1 2012

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	GLOBAL	SEAFOOD, LLC	
		Name of Limi	ted Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
	·		Name of Person	
		Jorge E	E. Otero & Associates, P.A. Firm/Company	
			rimi/Company	
		75 Valencia Avenue, Second Floor		
			Address	
		Cora	al Gables, Florida 33134	
			City/State and Zip Code	
		E mail addraga (4	jeo@oterolaw.com to be used for future annual report notifica	How .
n c				11011)
For fu	rther information co	ncerning this matter, please co	all:	
		E. Otero, Esq.	#: \	67-9000
	Name of	Person	Area Code & Daytime T	elephone Number
Enclos	sed is a check for the	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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

12 MAY -9 AM II: 18

SECRETARY OF STATE
TALLAMASSEE, FLORIDA.

GLOBAL 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 Lia Florida document number L12000050		April 12, 2012	and assigned
	,	•	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and end with "L.L.C.".	the words "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE)	T ADDRESS)		
	,		•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
·	•		•
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addre	255
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Juan Xavier Cordovez	2600 Douglas Road, PH-5 Coral Gables, FL 33134	Add Remove
Preside	Juan Xavier Cordovez	2600 Douglas Road, PH-5 Coral Gables, FL 33134	Add Remove
<u>V.P.</u>	Martha Fernandez	2600 Douglas Road, PH-5 Coral Gables, FL 33134	Add
	•	Coral Games, FL 33.134	
	,		Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	- ,
			
			- ;
			-
Dated	May 7, May 7,	eten feerele	- :
		mber or authorized representative of a member Martha Fernandez yped or printed name of signee	
	•		•

Page 2 of 2

Filing Fee: \$25.00