

L040000559/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

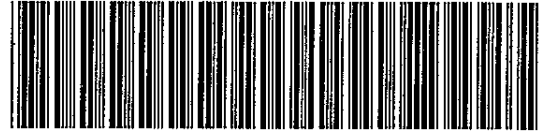
Special Instructions to Filing Officer:

823 Name Change

WDS

Office Use Only

L04 559/2



500040158685

08/23/04--01024--008 **30.00

MJM

FILED
04 AUG 23 PM 2:11
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPT. MIKE'S SEAFOOD CO., 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:

MIKE DILSON
(Name of Person)

CAPT. MIKE'S SEAFOOD CO., LLC
(Firm/Company)

629 Idlewyld dr
(Address)

Ft. Lauderdale FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Bob Lovern at 954 292-4027
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPT. MIKES SEAFOOD CO., LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JULY 28, 2004 and assigned document number 204000055912,

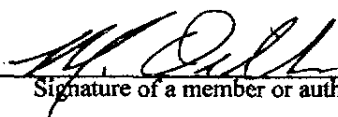
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

NAME CHANGE

CAPT. MIKE'S SEAFOOD CO., LLC

Dated 8-19-, 2004.

FILED
04 AUG 23 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Signature of a member or authorized representative of a member

MIKE DILLON

Typed or printed name of signee

Filing Fee: \$25.00