LDH000063130

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

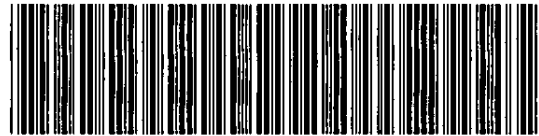Certified Copies _____   Certificates of Status _____

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EXAMINER

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03/12/09--01016--017 **60.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

. COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: American Shrimp, 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:

Manuel Espejo
_____
                (Name of Person)

American Shrimp, LLC.
_____
                (Firm/Company)

6470 SW 19 street
_____
                (Address)

Miami, FL 33155.
_____
                (City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Espejo   at (786) 863 - 0140.
_____
        (Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☒ $60.00 Filing Fee,
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                       (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

American Shrimp, 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 __03/10/09__ and assigned

Florida document number __L 04000063130__.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

Name of New Registered Agent: _____

New Registered Office Address: _____
                                        (Enter Florida street address)

_____, **Florida** _____
            (City)   *(Zip Code)*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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, <u>Signature of New Registered Agent</u>)

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

Title	Name	Address	Type of Action
MGRM	Manuel Espejo	6470 SW 19 street Miami, FL 33155	☐ Add ☒ Remove
MGRM	Belarmino Enriquez	13460 SW 36 street Miami, FL 33175	☐ Add ☒ Remove
MGRM	Feliberto Batista	39 East Gate way Crawfordville, FL 32327	☒ Add ☐ Remove
___	___	___	☐ Add ☐ Remove
___	___	___	☐ Add ☐ Remove
___	___	___	☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _March, 10, 2009_

_____
Signature of a member or authorized representative of a member

Manuel Espejo
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00