

# L05000122524

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D. BRUCE
JAN 12 2011
EXAMINER

# **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: Owen Golden Shrimp Co LLC Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Owen 6-0 Hen Name of Person
	Owen Golden Shring Co., LLC Firm/Company
	178 Old Ferry Dock Road
	East point FL 32328  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
_0	Wen Golden at (80) 670 - 8139 Fr. Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.00	Filing Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \bigcup \\$60.00 \text{ Filing Fee, }\ \\ \text{ Certified Copy }\ \\ \text{ (additional copy is enclosed)}\ \end{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

Owen Golden Shring	Co. LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LOSOO/2252</u> Y	y were filed on <u>ルカカ</u>	3 105 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		Ž.,
		<u> </u>
		2
Inter new mailing address, if applicable:		32
Mailing address MAY BE A POST OFFICE BOX)		- P P 17
		Dry 6
<ol> <li>If amending the registered agent and/or registered ogsistered agent and/or the new registered office address he</li> </ol>		ords, enter the name of the ne
Section and the first the new registered office address no	· ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

**MGR** = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** Name 1 Address □ Add ☐ Remove ☐ Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00