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D. BRUCE

AUG 07 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Gulfstrean	n Aquariums LLC		
		ted Liability Company		_
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Matthew Gilbert		_
		Name of Person		
Gulfstream Aquariums				_
		Firm/Company		
5585 US Highway 1 Ste 3				
		Address		- TAL
	v	ero Beach, FL. 32967		- KARET
		City/State and Zip Code		
	matt@	gulfstreamaquariums.com to be used for future annual report notif	ination)	-6 ARY OF SSEE, F
D C			ication)	ANII: 27 OF STATE E. FLORIDA
ror further information	concerning this matter, please of	can:		AH II: 27
	atthew Gilbert		321-9221	
Name	of Person	Area Code & Daytim	e Telephone Num	ber
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	Certifi () Certif	Filing Fee, cate of Status & ied Copy ional 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

Gulfstream Ac	uariums LLC	1-\\		
(Name of the Limited Liability Compa (A Florida Limited )	Liability Company)	<u>18.</u> )		
The Articles of Organization for this Limited Liability Company	were filed onJuly 11, 20	007 and assigned		
Florida document number <u>L07000072016</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Lim	ited Liebility Company "the designs	ation "I I C" or the abbreviation		
"L.L.C."	ned Diability Company, the designa	<b>3</b>		
Enter new principal offices address, if applicable:	5585 US Highway 1 Ste 3			
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FL. 32967	HAARA L		
Enter new mailing address, if applicable:	5585 US Highway 1 Ste 3	- S		
(Mailing address MAY BE A POST OFFICE BOX)	Vero Beach, FL. 32967	DA 27		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:		. 11		
	Enter Florida street address			
	, Flor	ida Zip Code		
	Cny	Lip Coue		

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 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 = Mar MGRM = M	• nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Timothy Batelaan	1806 Pointe West Way Vero Beach, FL. 32966	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
	<del></del>		Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	O9 AUG -
		r LORIDA	n-< 0,   -
	August 4 , 20	009	
Dated		er or authorized representative of a member	· 
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00