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FEB 6 2013

T. HAMPTON

COVER LETTER

TO:

Registration Section **Division of Corporations**

EAST COAST SHRIMP COMPANY, 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:

G. Frank Quesada, Esquire

Law Offices of G. Frank Quesada

1313 Ponce de Leon Blvd., Suite 200

Address

Coral Gables, Florida 33134

City/State and Zip Code

gfq@quesadalaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Frank Quesada, Esquire at (305) 446-2517

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)

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

EAST COAST SHRI				
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now app	ears on our records.)		11
(A Florida Limited L	iability Company	")	<u>.</u> نن	- C
The Articles of Organization for this Limited Liability Company Florida document numberL0700086261	were filed on	August 23, 2007	_andbass	signed File
This amendment is submitted to amend the following:	:::		PH 2: 48	or stations
A. If amending name, enter the new name of the limited liab	inty company n	<u>iere</u> :		,
PANAMA PACIFIC SH	RIMP COMF	ANY, LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Com	pany," the designation "LLC	or the a	abbreviatio
Enter new principal offices address, if applicable:	 			
(Principal office address MUST BE A STREET ADDRESS)	2401 Fountainview, Suite 416			
	Houston,	Texas 77057		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box	570728-291		
	Houston.	Texas 77242-0728		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address or			of the new
	City		Zip Code	e
	•		•	

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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> Address Remove Remove Remové Remove Add Remove Remove

D. If amending	ag any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	January 2 2013
	Atrial hunde
	Signature of a member or authorized representative of a member
	G. FRANK QUESADA, ESQUIRE
_	Typed or printed name of signee

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Filing Fee: \$25.00

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