L08000010327

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J. BRYAN

DEC - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shrimp M Stoff Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
and a many contract of the state of the stat
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Perchitti (Name of Person)
Shring N Stoff LLC (Firm/Company)
38/8 nw Adriate Lane. (Address)
Jensen Beach FL 34957 (City/State and Zip Code)
For further information concerning this matter, please call:
Tames Perchitti at (272) 215-1738 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Dayume Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

SHRIMP NSTU	FF LLC.		
SHRIMP WSTU (Name of the Limited Liability (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)	A TOTE OF
The Articles of Organization for this Limited Liability	,	29 / 2008 and assi	igned
Florida document number <u>L080000105</u>	<u>2</u> 7	/	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		 .	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		or records, <u>enter the name o</u>	f the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	(Enter Florida street address)		
	, Florida		
	(City)	(Zip Cod	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)

MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
PELM	Baldwin Tonathan Scott	3818 NW Adiatic Lane Jensen Beach Florida 34957	Add Remove
MOLM	Walter, t	•	Add Remove
MBRM	Valdes, Walter	3818 NW Adriatic Lane (JEASED BEACK Florida, 34957	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			-4 -030 80 -4 -4 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6 -6
Dated	12/2/08	 	EU (9F STATE ORPORATIONS PM 1: 32
	James Perch	r printed name of signee	

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:

Page 2 of 2

Filing Fee: \$25.00