

L08000056285

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRITON ALGAE SUPPLY, LLC

Certificate of Status	0
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T. HAMPTON

JUN 18 2008

EXAMINER

408000153919

3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRITON ALGAE SUPPLY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on JUNE 06, 2008

Florida document number L08000056285

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(Zip Code)

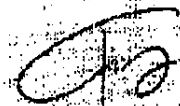
New Registered Agent's Signature, if changing Registered Agent:

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 508, 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)

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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	COKOS COKOS	340 MINORCA AVENUE, SUITE 5 CORAL GABLES, FL 33134	☐ Add ☒ Remove
MGRM	BRIE COKOS	340 MINORCA AVENUE, SUITE 6 CORAL GABLES, FL 33134	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 12th 2008

Kirk L. Lofgren

Signature of a member or authorized representative of a member

Kirk Lofgren, MGRM

Typed or printed name of signer

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