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SECRETARY OF STATE

T. HAMPTON

SEP 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation			
subject: <u>930</u> E	ATON STREET Y	VENTURE, LLC / ed Liability Company)	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	ANDREA MO	(Name of Person)	
	EATON STRE	ET SEAFOOD MAR (Firm/Company)	LICET
	930 EATON	STREET (Address)	·
	KEY WEST,	FL 33040 (City/State and Zip Code)	
For further information con	ncerning this matter, please cal	II:	
ANDREA MOR		at (305) · · · 731 - 3	3428 elephone 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

930 EATON STREET		our records.)		
(A Florida	y Company as it now appears on Limited Liability Company)	our records:		
The Articles of Organization for this Limited Liability of Florida document number <u>L08000074463</u>	Company were filed on $8/2$	$\frac{4\sqrt{08}}{}$ and assigned		
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 Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	 			
(Principal office address MUST BE A STREET ADD	RESS)	SEC 200		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 25 P I: 57 AHASSEE FLORIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new		
Name of New Registered Agent:		, 		
New Registered Office Address:				
	(Enter	(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 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							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
<u>MGR</u>	DAMON SANTELLI	3330 Northside Drive #40 LEY WEST, FL 33040	Add Remove				
MGR	SEAN SEAMAN	621 EATON STREET PRI WBT, FL 33040	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
·			Add Remove				
D. If amer	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	A Deposition .				
	FEDERAL TAX 10 NO	SECRE SEP	n				
	26-3109336	P 25 P TARY OF ASSEE, F					
Dated /	eptember 18 . 20	STATE LORIDA	—, <u>.</u>				
Dated N	" Andre Dure More	or authorized representative of a member					
	ANDREA SHAME	Morenan or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00