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SECRETARY OF STATE
TALLAHASSEE, FLORINA

D. BRUCE

NOV 1 2 2008

EXAMINER

COVER LETTER

Division of Corp	porations		
SUBJECT: Red Bo	oat Fisheries, LLC		
SUBSECT.		ited Liability Company)	<u></u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	,
Please return all correspon	ndence concerning this matter	to the following:	
•			
	David C. Moser	(Name of Person)	<u></u>
	2250 Casa Vista Drive		
	SE TAL		
	8 N CRE		
	Palm Harbor, FL 34683-	(City/State and Zip Code)	TAR ASS
F 6			FILEL MOV 10 PM RETARY OF S AMASSEE, FL
For further information co	oncerning this matter, please c	an:	557 P D
David C. Moser, mgr.		at (727) 460-2063	2: 0
(Name o	f Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	e 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:

TO:

Registration Section

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**

Red Boat Fisheries, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)
(Tristian Eliminos Eli	ionny Company)
The Articles of Organization for this Limited Liability Company v	were filed on September 8, 2008 and assigned
Florida document number <u>L08000085487</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	08 SECP TALL
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LED 10 PN 2: 07 YOF STATE EE, FLORIDA
B. If amending the registered agent and/or registered offi 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)
N D	

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, 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>	<u>Address</u>	·	Type of Action
MGRM	Gregory W. Dodd	11963 1444 Largo, FL 33		Add Remove
	<u> </u>			Add Remove
				Add Remove
				Add Remove
			·	Add Remove
				Add Remove
D. If a	mending any other informa	tion, enter change(s) here: (Attac	h additional sheets, if necessary.)	
			TALLAHA\$S	08 NOV
		0000	EE, FLORD,	ILED IO PH 2: 07
Dated _	October 28	Burl C Mou		97
		nature of a member or authorized repr C. Moser, mgr.		
		Typed or printed name of	signee	

Page 2 of 2

Filing Fee: \$25.00