

LD90000040069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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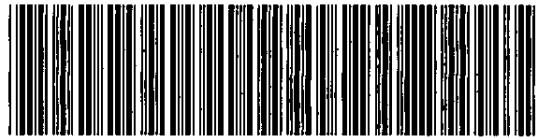
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. ~~Office~~ OCT 16 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fresh Sea Water Fish, 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:

Alexei Hechavarria
Name of Person

Fresh Sea Water Fish, LLC
Firm/Company

2104-2 Pretty Lane
Address

West Palm Beach, Florida 33415
City/State and Zip Code

Yulian_cabreja@yahoo.ca
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexei Hechavarria at 222) 359 4086
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**

Fresh Sea Water Fish, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 27th, 2009 and assigned Florida document number L09000040069

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2104-2 Pretty Lane
West Palm Beach, FL 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2104-2 Pretty Lane
West Palm Beach, FL 33415

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:

2104-2 Pretty Lane
Enter Florida street address
West Palm Beach, Florida 33415
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 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>	<u>Type of Action</u>
MGR	Alexei Hechavarria	2104-2 Pretty Lane West Palm Beach, Florida 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Luis E. Perez	8437 Chasco Wood Blvd. Apt. J Port Richey, Florida 34668	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 15 AM 10:46

FILED

Dated October 9th, 2009

Signature of a member or authorized representative of a member
Alexei Hechavarria

Typed or printed name of signee