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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 5 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	SUBJECT: SEAFOOD HANDLERS LLC					
Bobulett.	Name of Limited Liability Company					
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.					
Please return all corresp	pondence concerning this matter to the following:					
	Carlos Torres Gomez					
Name of Person						
SEAFOOD HANDLERS LLC						
Firm/Company						
2075 SW 122ND AVE #307						
Address						
	MIAMI, FL-33175					
\$ Section	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
Tan first on information						
For juriner information	concerning this matter, please call:					
CARLOS	S TORRES GOMEZ at (786) 370-4425 of Person Area Code & Daytime Telephone Number					
Name	of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

SEAFOOD HANDLERS LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
(
The Articles of Organization for this Limited Li	iability Company were filed on	05/28/2009	and assigned			
Florida document number L09000051	1534					
Tiona document names.	· · · · · · · · · · · · · · · · · · ·					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liability company her	<u>·e</u> :				
		•				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation "l	LC" or the abbreviation			
Enter new principal offices address, if applications	able:					
(Principal office address MUST BE A STREE			09 1V18 3E			
17 mention office man cho in 2001			JU CRE			
			7 937			
	•		F SHOOT			
Enter new mailing address, if applicable:			PD:S			
(Mailing address MAY BE A POST OFFICE)	<u></u>		= 22			
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			V .			
B. If amending the registered agent and/o		our records, <u>enter t</u>	he name of the new			
registered agent and/or the new registered of	fice address here:					
Name of New Registered Agent:	CARLOS TORRES GOMEZ					
New Registered Office Address:	2075 SW 122ND AVE #307					
11011 (105)Blatered Office (1100)	Enter Florida street address					
	MIAMI	, Florida	33175			
	City	, , _ 1011000	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 Type of Action <u>Title</u> <u>Name</u> Address MARIA GALVIS MGRM 2075 SW 122ND AVE #307 ☐ Add Remove MIAMI, FL 33175_____ ERICK RAMOS ✓ Add ☐ Remove MGRM 15337 SW 61ST STREET MIAMI EL 33193 _ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 29 2009 Dated __ Signature of a nember or authorized representative of a member CARLOS TORRES GOMEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00