

LD9000051534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

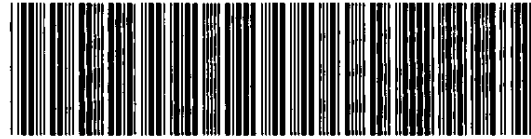
Special Instructions to Filing Officer:

L. SELLERS

JUL 22 2010

EXAMINER

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07/21/10--01022--013 **30.00

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10 JUL 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEAFOOD HANDLERS 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:

CARLOS A. TORRES GOMEZ

Name of Person

SEAFOOD HANDLERS LLC

Firm/Company

2075 SOUTHWEST 122 AVENUE # 307

Address

MIAMI, FL 33175

City/State and Zip Code

torrezseafoodhandlers@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Torres Gomez

Name of Person

at (305)

915 1003

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**

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 Liability Company were filed on 06/04/2009 and assigned
Florida document number L09000051534.

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)

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:	<u>CARLOS A. TORRES GOMEZ</u>
New Registered Office Address:	<u>2075 SOUTHWEST 122ND AVENUE #307</u> <small>Enter Florida street address</small> <u>MIAMI</u> , Florida <u>33175</u> <small>City Zip Code</small>

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

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JUL 21 4:32 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

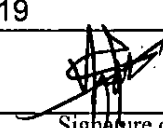
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ERICK RAMOS	15337 SOUTHWEST 61ST ST MIAMI FL 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SONIA M. ORDOÑEZ	2075 SOUTHWEST 122ND AVENUE #307 MIAMI, FL 33175	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

CHANGE IN NAME OF REGISTERED AGENT IS SIMPLY A CORRECTION IN
THE SPELLING OF THE LAST NAME. IT IS INCORRECTLY NOTED AS
"GOMEZS" INSTEAD OF "GOMEZ"

Dated JULY 19, 2010


Signature of a member or authorized representative of a member

CARLOS A. TORRES GOMEZ

Typed or printed name of signee