## 110000016239

(Requ	uestor's Name)			
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B. BOSTICK
DEC 3 0 2011
EXAMINER

## COVER LETTER

	ration Section on of Corporations		e de la companya de l	
SUBJECT:	Northwe	est Provider LLC		
		nited Liability Company		
The enclosed A	rticles of Amendment and fee(s) are sul	bmitted for filing		
	correspondence concerning this matter	•		
		William I Deaderick		
		Name of Person		
	N	orthwest Seafood Inc.		
		Firm/Company		
	4110 NW 16th Blvd			
		Address		
	(	Gainesville FL 32605	ugud	
		City/State and Zip Code		
	Lee(	onorthwestseafood.com to be used for future annual report notificatio	DEC 3	
For further infor	mation concerning this matter, please c		<u>දි</u> . ය	
- 07 141 1110	, , , , , , , , , , , , , , , , , , ,	<b>74</b>	3 1260 CF CF Phone Number	
<del></del>	William I Deaderick Name of Person		3 1260	
	Name of Person	Area Code & Daytime Teld	ppnone Number 57 -	
Enclosed is a ch	eck for the following amount:			
<b>₹25</b> ,00 Filin	Fee \$\begin{aligned} \$30.00 \text{ Filing Fee & Certificate of Status} \end{aligned}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
3.1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassée, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	s	
3.1	P.O. Box 6327 Tallahassée, FL 32314	Clifton Building	Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Northwest Pro	vider LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears of	on our records.)	-	-
(A ) forda Eliffica Ela	omity Company)			
The Articles of Organization for this Limited Liability Company w	ere filed on	2/11/2010	and	assigned
Florida document number L10000016239				Ū
· Iorida document number				
This amondment is submitted to any out the College				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and end with the words "Limited	l Liability Company,	" the designation	"LLC" or t	he abbreviation
"L.L.C."		-		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<del></del>		
D 16		_		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our	records, enter	the name	e of the new
egistered agent and/of the new tegistered office address nere.				
			Ey I	-t
Name of New Registered Agent:			- 7	
New Registered Office Address:			5	
	Enter	Florida street aa	dréss 👓	) . Tree p
		Elanida	<u> </u>	1 .17
	City	, Florida		ode min'
New Registered Agent's Signature, if changing Registered Agent:	•	2		
		)	>	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Deaderick, Mary K	6105 ave F McIntosh EL 32664	Add ✓ Remove
<u>MGRM</u>	Richardson, Lacinda D	7610 SE 185th Ave Evinston FL 32633	Add Remove
MGRM	Castellano, Richard J	12825 5th Isle Hudson EL 34667	Add Remove
<u>MGRM</u>	Forsberg, Paul G	1133 Marin Drive Tarpon Springs FL 34689	✓ Add — Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.	
		-	11 DEC 28 PH 5: 21
Dated	MAR	·	>
-	Signature of a member	or authorized representative of a member	
		Iliam I Deaderick or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00