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(Requestor's Name)

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(City/State/Zip/Phone #)

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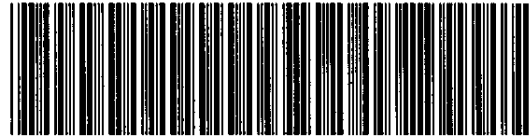
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEANGROWN SEAFOOD 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:

ERIN FULLINGTON

Name of Person

OCEANGROWN SEAFOOD LLC

Firm/Company

120 W. PUJO St. Ste. 300

Address

Lake Charles, LA 70601

City/State and Zip Code

erinf@doreenergy.com

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

For further information concerning this matter, please call:

Erin Fullington

Name of Person

at (337)

Area Code

502 5242

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**

OCEANGROWN SEAFOOD 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 4/28/2010 and assigned Florida document number L10000045656

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:

Erin Fullington

New Registered Office Address:

155 Crystal Beach Dr. #101

Enter Florida street address

Destin

City

Florida 32541

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 605, 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.

Erin Fullington

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CHUCK FULLER</u>	<u>5116 GULF DR.</u>	<input type="checkbox"/> Add
		<u>PANAMA CITY BEACH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32408</u>	
<u>MGR</u>	<u>PATRICK BARCUS</u>	<u>P.O. BOX 28105</u>	<input type="checkbox"/> Add
		<u>PANAMA CITY BEACH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32411</u>	
<u>MGR</u>	<u>WILLIAM J. DORE, SR.</u>	<u>120 W. PUJO ST.</u>	<input checked="" type="checkbox"/> Add
		<u>Ste. 300</u>	<input type="checkbox"/> Remove
		<u>Lake Charles, LA 70601</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

New MAILING Address:
120 W. PUGO ST. Ste 300
Lake Charles, LA 70601
Contact Name: Erin Fullington 3375025242

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10 / 14



Signature of a member or authorized representative of a member

WILLIAM J. DORE, SR.

Typed or printed name of signee

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Filing Fee: \$25.00

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