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TO:

Registration Section
Division of Corporations

RIFCT. Fintastic Aquarium Services, 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:

Ryan S. Grazi, Esq.

Name of Person

Grazi & Gianino, LLP

Firm/Company

217 E. Ocean Blvd.

Address

Stuart, FL 34994

City/State and Zip Code

jcasales@gglaweyers.com

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

For further information concerning this matter, please call:

Ryan S. Grazi, Esq.

.,772,286-0200

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**

FINTASTIC AQUARIUM SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	riorida Limited Li	ionity Company)	
The Articles of Organization for this Limited Li	iability Company v	vere filed on June 10,2010	and assigned
Florida document number L10000062371			The same of the sa
Florida document number	·		Service Control
			FG 3
This amendment is submitted to amend the following	owing:		नुका सा
A. If amending name, enter the new name of	f the limited liabil	ity company here:	7 7 7 8 9 1 1 1 1 1 1 1 1 1 1
C.T.E. Aquarium Services, LLC			*
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	d Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		·
Fords (9) 11 16 17 11			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE)	BOX)		
		·	
B. If amending the registered agent and/or the new registered of			ter the name of the new
registered agent and/or the new registered or	<u>nce address nere:</u>		
	Ryan S. Gra	zi Eog	
Name of New Registered Agent:	Nyan 3. Gia	zi, Esq.	
New Registered Office Address:	217 E. Ocea	n Blvd.	
		Enter Florida street	t address
	Stuart	Florid	a 34994
	•	City	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the placept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has	roper and comple stered agent as pr registered office a	te performance of my duties, an ovided for in Chapter 608, F.S.	nd I am familiar with and Or, if this document is
	If Chanc	ing Registered Agent, Signature of Ne	w Registered Agent
	n. 4	C.2	regionered rigett

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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
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. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ated	, ,
	Signature of a member or authorized representative of a member
	Ryan S. Grazi, Esq.
	Typed or printed name of signee
	ped or printed infine or signee

Page 3 of 3

Filing Fee: \$25.00

