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EXAMINER

2010 AUG -5 AN ID 46

COVER LETTER

	ration Section on of Corporations			•
SUBJECT:	Atlantic 8	Gulf Fisheries, LLC	•	
		imited Liability Company		
		•	•	•
The enclosed A	articles of Amendment and fee(s) are	submitted for filing.		
Please return al	Il correspondence concerning this ma	atter to the following:		
	.*	.`		
	·	Oallaan Osiali		
		Colleen Quirk Name of Person		
		Name of Person	•	
	At	lantic & Gulf Fisheries, L	LC ,	
*		Firm/Company		
. :				
<u>.</u>	· · · · · · · · · · · · · · · · · · ·	PO Box 2609		
•	•	. Address		
	ı	Key West, FL 33045-260	10	
		City/State and Zip Code		,
		•	, m	
•	E-mail addre	olleen@keywestfresh.co ss: (to be used for future annual repo	rt notification)	
For further info	ormation concerning this matter, plea	se call	• • •	
	matter, pied	so can.	•	
•	Colleen Quirk	at (305)	797-9283	
	Name of Person	*** (/	Daytime Telephone Number	
Enclosed is a cl	heck for the following amount:			
\$25.00.Filin	ng Fee \$\bigcup\$\frac{1}{2}\$30.00 Filing Fee & Certificate of Statu		closed) Certified	of Status &
		· · · · · · · · · · · · · · · · · · ·		2010 AUG SECRET
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registration	Corporations	-5 ARY (
	Tallahassee, FL 32314		ive Center Circle	AN D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fisheries, LL	.C		
any as it now appea Liability Company)	irs on our records.)		
y were filed on	July 13, 2010	and a	ssigned
• 			-
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bility company he	<u>re</u> :		.*,
nited Liability Comp	pany," the designation "	'LLC" or the	abbreviat
5700 5th Av	e	P co	20
Key West, F	L 33040	LEC:	
		ZZ	5
		385	ບຸ່າ
P.O. Box 26	09	<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX) Key West, FL 33045-2609			***
		<u> </u>	<u>5</u>
office address on	our records, enter	the name	of the n
A. #			f.
venue :			
Enter Florida street address			
	•	00045	0000
Key West	, Florida	33045-	2609
	nited Liability Company he bility company he bil	nited Liability Company," the designation of 5700 5th Ave Key West, FL 33040 P.O. Box 2609 Key West, FL 33045-2609 Office address on our records, enterpreserve.	Ability Company) The property of the designation "LLC" or the street of

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

Page 1 of 2 NO CHANGE TO PA

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> Name 1 Address ☐ Add Remove 🔲 Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00