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PICK-UP WA	AIT MAIL	
(Business Enti	ity Name)	
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SECRETARY OF STATE
ALLAHASSEF FLORING

COVER LETTER

то:	Registration S Division of Co				
SUBJI	ECT:	Piscivoro	us Seafood, LLC		
			ted Liability Company		
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	condence concerning this matter	to the following:		
Aaron Welch					
Name of Person				 	
Piscivorou			civorous Seafood, LLC		
Firm/Company			Firm/Company		
			2315 Tequesta Lane		
			Address		
			Miami, FL 33133		
			City/State and Zip Code		
	welchaar@gmail.com E-mail address: (to be used for future annual report notification)				
For fur	ther information	concerning this matter, please c	·	,	
	<i>F</i>	Aaron Welch		50-9164	
	Name	of Person	Area Code & Daytime T	Celephone Number	
Enclose	ed 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)	S60.00 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

Piscivorou	us Seafood, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appear nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on	9/17/2010	and assigned
Florida document number <u>L10000097371</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			ASS 3
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	15 5 C
			70 TO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		-	
	Enter Florida street address		
	C:4.	, Florida	
	City		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 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>	<u>Address</u>	Type of Action
MGRM	Aaron W. Welch	2315 Tequesta Lane Miami, FL 33133	✓ Add Remove
		<u> </u>	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
Dated	A 1 4		_
	Signature of a r	nember or authorized representative of a member Aaron Welch Typed or printed name of signee	

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Filing Fee: \$25.00