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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -1 AM 9:30

FILED

J. SAULSBERRY
EXAMINER

JUL -8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LC 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:

Luis R. Smith

Name of Person

Jessel Investments LLC

Firm/Company

11402 NW 41st STREET SUITE 211

Address

DORAL , FL 33178

City/State and Zip Code

LM.JESSEL@GMAIL.COM

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

For further information concerning this matter, please call:

LUIS R. SMITH

Name of Person

at **305 470-2429**

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

FILED
2013 JUL -1 AM 9:30
TALLAHASSEE, FL 32301
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LC 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 05/10/2011 and assigned
Florida document number L11000055101.

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)

8271 NW 8ST STREET # 528
MIAMI FL 33126
2013 JUL -1 AM 9:30
STATE OF FLORIDA
CLERK OF SUPERIOR COURT

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: GRACIELA MELLA
New Registered Office Address: 8271 NW 8ST STREET # 528
Enter Florida street address
MIAMI, Florida 33126
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS RODRIGUEZ	1301 NW 89TH CT SUITE 217	<input type="checkbox"/> Add
		MIAMI FL 33172	<input checked="" type="checkbox"/> Remove
MGR	GRACIELA MELLA	8271 NW 8ST STREET # 528	<input checked="" type="checkbox"/> Add
		MIAMI FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated June 21, 2013



Signature of a member or authorized representative of a member

Graciela Mella

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00