## L11000087965

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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## **COVER LETTER**

	ation Section of Corporations	
SUBJECT:	ATLANTIC SEAFOOD, LLC	
Sobster	Name of Limited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
	Douglas R. Easton	
	Name of Person	
	Atlantic Seafood, LLC	
	Firm/Company	
	P.O. Box 2025,	
	Address	
	Jupiter, FL 33468	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Charles	R.L. White, Esq. at (561) 747-7300  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a che	ck for the following amount:	
\$25.00 Filing	Fee XX\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	h

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**

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ATLANTIC SE	CAFOOD, LLC	TALLAHASSEE, FLORIDA	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on Au	agust 1, 2011 and assigned	
Florida document number L11000087965	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the work.L.C."	ords "Limited Liability Compa	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter the name of the new	
Name of New Registered Agent:		<del> </del>	
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Register	•	Eq. Couc	

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

MGR	M = Managi	ng Member		
<u>Title</u>	<u>Na</u>	<u>me</u>	Address	Type of Action
			· · · · · · · · · · · · · · · · · · ·	Add Remove
		·		Add Remove
	<del></del>			Add Remove
				Add Remove
				Add Remove
		·		Add Remove
D. If a	ımending an	y other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
	ARTICL	E III is amended to p	rovide as follows in its enti	rety:
	The pu	rpose for which this 1	Limited Liability Company is	
	organi	zed is: To engage in s	wholesale and retail sales of	- all
			ood and any other lawful bus	<del>- •</del>
	types	and varieties or search	bod and any other lawful busy	- <u>`</u>
Dated _	August	30, 2011		FILED SEP 12 PM RETAIN OF S
		Signature of a member of	r authorized representative of a member	<del>87</del> .79
		CHARLES R.L.	WHITE, ESQ., AUTH. REP.	<b>3</b> 4 <b>2</b>
	<del></del>	Typed or	printed name of signee	<del></del>

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Filing Fee: \$25.00