L110000090248

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(©ty/State/Zip/Phone #)	
PICK-UP WAIT	ИAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUN	IT
AUG 29 201	1
EXAMIN	ER

Office Use Only

100211278641

08/26/11--01012--023 **25.00

2011 AUG 26 PM 2: 38
SEGRETARY OF STATE
FALLAHASSEE, FLORID,

ST. GEORGE & TEJERA, P.A.

ATTORNEYS AT LAW
1735 PONCE DE LEON BLVD.
CORAL GABLES, FLORIDA 33134

FACSIMILE (305) 441-1811 TELEPHONE (305) 444-9330

August 22nd, 2011

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Ocean Seafoods LLC

Dear Sir or Madam:

Attached please find the following:

1. Articles of Amendment reference the above limited liability company

2. Check # 14728 in the amount of \$25.00 for Articles of Amendment filing fees.

Sincerely

M. Jeffran St. George

COVER LETTER

Division of Corporations
SUBJECT: OCEAN SEAFOODS 44C
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:
M. SEPPLEY ST. A-DICE Name of Person
ST. CEORDE 1 TEJERA PA
1735 PONCEDE LEON BLD.
COLAC GABLES FL 33/34 & TI
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 444 - 9330 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

()CEAN SEA	FOODS LLC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 8/05/20/1 and assigned 8.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
	UG 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida

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 Title Address Type of Action <u>Name</u> FLORENCIO LUIS TEZANOS, JR. 10305 SW 103 LAME Add Remo HERM ☐ Add Remove ☐ Add ☐ Remove Remove Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00