Division of

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000246269 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number : (305)444-4977

RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LPC FISH & SEAFOOD LLC

Certificate of Status	;	0
Certified Copy		0
Page Count		03
Estimated Charge	· · · · · · · · · · · · · · · · · · ·	\$25.00

Electronic Filing Menu

Corporate Filing Mepus 2011

Help

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LPC FISH & SE (Name of the Limited Liability Company (A Florida Limited Lia	AFOOD LLC v as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company v Florida document numberL11000107724	vere filed on	09/20/2011	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	≧ ;		
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Compa	ny," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			AR S	
Enter new mailing address, if applicable:			ARY OF	m
(Mailing address MAY BE A POST OFFICE BOX)			STATE	D
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on o	ur records, <u>enter t</u>	> name of t	he new
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street addr	ess	
	2,		, .	
	City	, Florida	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

MGR = Manager

MGRM = Managing Member

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:

Title Name Address Type of Action **MGRM** MARTIN SIRARD ✓ Add □ Remove 1624 NW 82 AVE DORAL FL 33126 DbA 🔲 Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add □Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPT 20 2011 Dated VIRGINIE KAIGLE Typed or printed name of signee

Page 2 of 2