112000028942

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

•

Office Use Only



000233209890

000233209890 04/30/12--01057--006 **25.00

> 2012 APR 30 PM 3: A6 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

MAY - 1 2012

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor	ection porations			
		SEA FO	OD R US L.L.C.		
		Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please re	turn all correspo	ondence concerning this matte	r to the following:		
	ANTHONY B CUNNINGHAM				
		Name of Person			
SEA FOOD R		EA FOOD R US L.L.C.			
			Firm/Company		
3333 NW 34 ST					
	Address				
LAUDERDALE LAKES FLORIDA 33309					
City/State and Zip Code					
	<u>n)</u>				
For furthe	er information c	oncerning this matter, please	to be used for future annual report notificational:	2012 APR 30 SECRETARY ALLAHASSE	
	ANTHON	/ B CUNNINGHAM	at (954) 865	5 1858 R 30 F	
Name of Person			Area Code & Daytime Tel		
				4 3: E	
Enclosed	is a check for th	e following amount:		ATE ANDA	
\$25.0 0	0 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		ation Section	STREET/COURIER A Registration Section Division of Corporation		

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seaford R U	SUC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document numberL1200028942	e filed on FEBUARY 28 2012 and assigned	
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 L 'L.L.C."	iability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)	TALL SE	
	CR AF.	
	HETA ASA W	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
124 Marie 10 1011 20 11 20 10 11 10 10 10 10 10 10 10 10 10 10 10	FOR WITH	
••••		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Cii	ty Zin 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

Type of Action Title Name **Address** ANTHONY B CUNNINGAM MGR 3333 NW 34 ST LAUDERDALE LAKES [7] Add □ Remove FLORIDA 33309 MGRM **HUGH A HENRY** ☐ Add 4911 NW 16 COURT, FL √ Remove LAUDERHILL FL FL 33313 ☐ Add Remove Remove Ada D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ANTHONY B CUNNINGHAM Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00