L12000032777

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B. BOSTICK

APR - 5 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:A	P SEAFCOO Name of Lim	L-LC ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
	CHRIS	Pontes Name of Person	·	
	ADP SENFO	Name of Person POD L/C Firm/Company	·	
		Address Address	•	
	PENACEA	City/State and Zip Code OLicem (to be used for future annual report notification)	TALE 75	ş
	PoHo 2300 DA	OL, COM	on)	-11
For further information	concerning this matter, please		on) ARR-5 PM 12:	1
CHR15 Name	Pomes of Person	at (504) 782-823 Area Code & Daytime To	selephone Number	J
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 enclo	sed)
		,		

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

A+P SEAFOOL) LLC			
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	7 2012 and assigned		
Florida document number <u>L12000032717</u>	<u>_</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		3>60		
(Principal office address MUST BE A STREET ADDI	RESS)	2		
		3 3 3		
		SSE 5		
Enter new mailing address, if applicable:		THE BIM		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 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 <u>Name</u> Address Type of Action MGR THOMAS D PLATT □Add Remove CHILIS POMES MGRM 42090 DONNEY RD SCIDEN LA 17046 ☐ Add Remove Remove Remove \prod Add Remove **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 CHRIS Pomes
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00