

L12000045829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

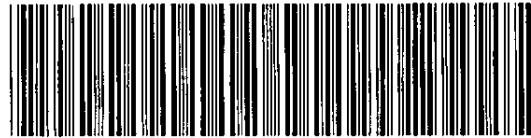
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 DEC 22 PM 4:49  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

14 DEC 22 PM 4:49  
RECEIVED  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

DEC 22 2014

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Seafood Workers LLC  
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:

Jimmy W. Lashley Jr.  
Name of Person

\_\_\_\_\_  
Firm/Company

17 Washington Street  
Address

Eastpoint, FL 32320  
City/State and Zip Code

jimwlashley@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimmy W. Lashley Jr. at (850) 653 5868  
Name of Person Area Code Daytime Telephone Number

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 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

Scafood Workers LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

APPROVED  
AND  
FILED  
14 DEC 22 PM 4:49  
REC'D  
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/3/2012 and assigned  
Florida document number L12000045829.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17 Washington Street  
Eastpoint, FL 32328

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jimmy W. Lashley Jr.

New Registered Office Address:

17 Washington Street  
Enter Florida street address

Eastpoint  
City

Florida

32328

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 605, 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.

Jimmy W. Lashley Jr.  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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President	Jimmy W. Lashley Jr.		<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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Vice President	Phillip Vinson		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> CHANGE
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			<input type="checkbox"/> Remove
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MGRM	Mark Smith		<input type="checkbox"/> Add
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			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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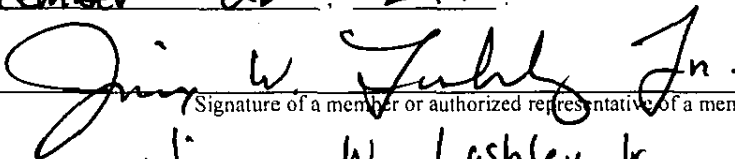
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 22, 2014

  
Signature of a member or authorized representative of a member  
Jimmy W. Lashley Jr.  
Typed or printed name of Signee