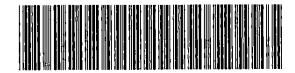
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations				
OUD ID OF	MADEIRA REA	CH SEAFOOD, LLC		
SUBJECT:	-, 	d Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspon	dence concerning this matter to	o the following:		
	g	g.		
	PAUL	K. SILVERBERG, ESQ.		
		Name of Person	· · · · · ·	
	SILVERBERG & WEISS, P.A.			
Firm/Company				
4200 MESTON BOAD, SUITE 240				
	1290 WESTON ROAD, SUITE 218 Address			
	W	/ESTON, FL 33326 City/State and Zip Code		
	DSII VED	BERG@PKSLEGAL.COM		
	E-mail address: (to	be used for future annual report notifica	tion)	
For further information co	ncerning this matter, please ca	П:		
FRANCISCO	A. CORRALES, ESQ.	at (954) 3	84-0998	
Name of		Area Code & Daytime		
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADEIRA BEACH SEAFC	OOD, LLC
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document numberL12000052244	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, enter the name of the new
Name of New Registered Agent:	THE STATE OF THE PARTY OF THE P
New Registered Office Address:	Enter Florida street addfess
City	, Florida To Code
New Registered Agent's Signature, if changing Registered Agent:	15. J.E.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	COLM WRYNN	22 SUNNYVALE ROAD FLOWER HILL, NY 11050	Add Remove
<u>MGRM</u>	COLM WRYNN	22 SUNNYVALE ROAD FLOWER HILL, NY 11050	✓ Add ☐ Remove
MGRM	DANIEL STELCER	4 RICHARDS ROAD PORT WASHINGTON, NY 11050	Add Remove
	 		Add Remove
			Add Remove
 			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
		<u> </u>	_
Dated	and	012	
	PAUL K. SILVERBERG, E	or authorized representative of a member SQ., AUTHORIZED REPRESENTATIVE d or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00