L12000145887

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fili	ng Officer:			

Office Use Only



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3 APR 16 PN 3: 4 SECRETARY OF STATE ALLAHASSEF ELORIDA

C. LEWIS

APR 1 7 2013

EXAMINER

COVER LETTER

. TO: Registration Section
Division of Corporations

NCT Sales, 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:

Ernest Gutierrez

Name of Person

NCT Sales, LLC

Firm/Company

7271 NW 174 Ter Apt 203

Address

Miami Lakes, FL 33015

City/State and Zip Code

ernest.gutierrez17@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernest Gutierrez

786,487-0034

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**

FILED

13 APR 16 PM 3:41

NCT Sales, LLC

SECRETARY OF STATE

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 11/19/201	12 and assigned		
Florida document number L12000145887				
	 ·			
This amendment is submitted to amend the following:				
•				
A. If amending name, enter the new name of the lin	nited liability company here:			
Nationwide Fish Transport, LLC				
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-		
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regi		ords, enter the name of the nev		
registered agent and/or the new registered office ad	dress here:			
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 =	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
	·		Remove				
			Remove				
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D. Hame	nding any other information, enter change(s) here: (Attach additional sheets, if i	FILED			
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_		SE(TAL	RETA Ahas	RY O SEE	F STATE FLORIDA
				-	
Dated				_	
	End (alims)		<u></u>		_
	Signature of a member or authorized representative of a member Ernest Gutierrez				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00