

L13000001019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

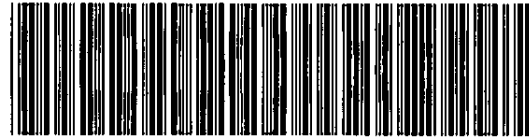
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/10/14--01040--011 \*\*35.00

FILED  
14 APR 11 AM 9:20  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

M. MILLIGAN  
EXAMINER

APR 11 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2014

JECO SEAFOOD SALES LLC  
ATTN: JOSEPH CROWE  
10598 ALPACA CIR  
PORT CHARLOTTE, FL 33981

SUBJECT: JECO SEAFOOD SALES LLC  
Ref. Number: L13000001019

We have received your document for JECO SEAFOOD SALES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 514A00006086

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JECO SEAFOOD 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:

**JOSEPH CROWE**

Name of Person

**JECO SEAFOOD SALES LLC**

Firm/Company

**10598 ALPACA CIRCLE**

Address

**PORT CHARLOTTE, FL 33981**

City/State and Zip Code

**JOE@DIRECTSOURCESEAFOOD.COM**

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

For further information concerning this matter, please call:

**JOSEPH CROWE**

Name of Person

at **941 698-1067**

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**

**JECO SEAFOOD SALES LLC**

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

FILED  
14 APR 11 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 3, 2013 and assigned  
Florida document number 113000001019.

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) \_\_\_\_\_

10598 ALPACA CIRCLE

PORT CHARLOTTE, FL 33981

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

10598 ALPACA CIRCLE

Enter Florida street address

PORT CHARLOTTE

City

, Florida 33981

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.*

**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>                      |
|--------------|--------------|--------------------------|--------------------------------------------|
| MGRM         | JOSEPH CROWE | 1223 RIO DEJANEIRO AVE   | <input type="checkbox"/> Add               |
|              |              | PUNTA GORDA, FL 33983    | <input checked="" type="checkbox"/> Remove |
| MGRM         | JOSEPH CROWE | 10598 ALPACA CIRCLE      | <input checked="" type="checkbox"/> Add    |
|              |              | PORT CHARLOTTE, FL 33981 | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Add               |
|              |              |                          | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Add               |
|              |              |                          | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Add               |
|              |              |                          | <input type="checkbox"/> Remove            |
|              |              |                          | <input type="checkbox"/> Add               |
|              |              |                          | <input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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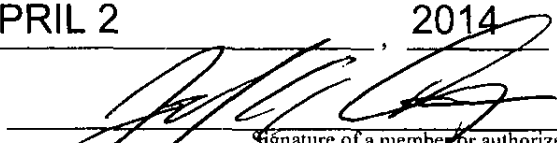
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 APRIL 2, 2014



Signature of a member or authorized representative of a member

JOSEPH CROWE

Typed or printed name of signee