L13000093690

(Requ	estor's Name)
(Addr	ess)
(Addr	ess)
(City/s	State/Zip/Phone #)
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ALLAHASSEE, FI GRIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

TUPELLA AQUACULTURE GROUP 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:

	Richard G.				
	-	Name of Person			
	Tubb Invest	ments			
		Firm/Company		,	
	211 S. Magı	nolia St.			
		Address	·	•	
	Woodville/T	X 75979			
		City/State and Zip Code		•	
	casey@mkgpro.o			A Section	
	E-mail address: (to be used for future annual report notific	cation)	TORE AH	T
For further information of	concerning this matter, please c	all:		2114 OCT 2 SEGRETAR ALLAHASS	-
Richard G.	Tubb	_{at} 409, 67938	77		្រា
Name o	of Person		Telephone Number		C
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

TUPELLA AQUACULTURE GR	OUP L	LC.					
(Name of the Limited Liabil (A Florid	lity Compa da Limited	ny as it now ar Liability Compa	opears on our my)	records.)			•
The Articles of Organization for this Limited Liability (Florida document number L13000093690	Company 	were filed or	_n <u>07/01/2</u>	013		_ and a	ssigned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	nited liab	ility compan	y here:				
The new name must be distinguishable and end with the words "L	imited Liał	oility Company,	" the designat	ion "LLC"	or the abb	reviation	"L.L.C."
(Principal office address MUST BE A STREET ADD	DECC)				-1	22	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					LENASSEE. F	14 OCT 27 P	
The state of the s			······································		STATE	الم	``
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered o dress her	ffice address <u>e</u> :	s on our r	ecords, g	-	e name	e of the ne
Name of New Registered Agent: Rich	hard G.	Tubb					
New Registered Office Address: 13	195 1	brickell Enter	AUL 1 Florida stree	Suit 1 address	e 80	0	

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.

City

miami

If Changing Registered Agent, Signature of New Registered Agent

Florida_

Page 1 of 3

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

MGR = Manager

AMBR = Authorized Member Title **Address** Name Type of Action 495 Brickell Ave, Apt. 1608 D Add Jean-Jean Pelletier **MGRM** Miami, FL 33131 Remove Robert Pelletier 1395 Brickell Ave, Apt. 2810 **MGRM** Miami, FL 33131 ■ Remove □ Kemove u □ Add ☐ Remove □ Add _□ Add ☐ Remove

ng: late of receipt or filed date and ent of State)	(optional) d cannot be more than 90 days after
2014	
Pull.	
member of authorized repre	esentative of a member
	ent of State)

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE TALLAHASSEE, FLORIDA