L13000117246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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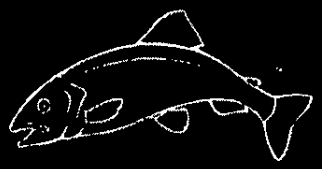
TALLAHASSEE, FLORIDA

K. SALY

MAR 10 2017

Silver Salmon



Seafood

Kevin McDonnell
3109 Grand Avenue #193
Miami, FL 33133
305-520-9158
silversalmonseafood@gmail.com

March 4, 2017

To Whom It May Concern:

I am writing to confirm that I am sending Articles of Amendment for SKAJ LLC to change our name to Silver Salmon Seafoodfood LLC.
Enclosed please find our form and a check for $30 ($25 for filing and $5 for certificate of status).

Our mailing address is 3109 Grand Ave. #193, Miami Fl 33133.
Our phone is 305-520-9158.

Thank you ,
Kevin McDonnell

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

SKAJ, LLC
(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 8/20/2013 and assigned Florida document number L13000117246.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Silver Salmon Seafood LLC

The new name must be distinguishable and contain 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)

2665 South Bayshore Dr.

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3109 Grand Ave, #193
Miami, FL 33133

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: _____
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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

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Title	Name	Address	Type of Action
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
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		______________	☐ Remove
		______________	☐ Change
______	______________	______________	☐ Add
		______________	☐ Remove
		______________	☐ Change

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

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 4, 2017.

_____ MD.
Signature of a member or authorized representative of a member

Kevin McDonnell
Typed or printed name of signee

Filing Fee: $25.00