

L14000014951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

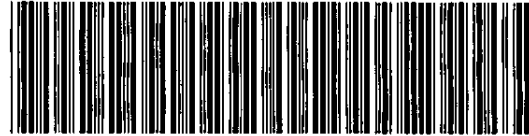
(Business Entity Name)

(Document Number)

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08/07/14--01015--012 \*\*55.00

EFFECTIVE DATE  
8/15/14

FILED  
2014 AUG - 7 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guilford AUG - 7 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPTAIN MIDNIGHT SEAFOOD CO 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:

BRADFORD WHIPPLE  
Name of Person  
CAPTAIN MIDNIGHT SEAFOOD CO LTD  
Firm/Company  
4501 SW 44TH AVENUE  
Address  
FORT LAUDERDALE, FL 33314  
City/State and Zip Code  
WHIPN2@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN BUTLER at (954) 235 7096  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 AUG -7 PM 3:38

CAPTAIN MIDNIGHT SEAFOOD COMPANY LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/28/2014 and assigned  
Florida document number L14000014951

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

CAPTAIN MIDNIGHT SEAFOOD  
4501 SW 14TH AVENUE  
FT LAUDERDALE FL 33314

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4501 SW 14TH AVENUE  
FT LAUDERDALE  
FL 33314

**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 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>
AMBR	MARK BARLOW	140 WALKER BUNGALOW PORTSMOUTH, NH 03801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	LUIGI SAVINO	VIA BRESSANONE 12 47838 - RICCIONE ITALY	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	DOUG McRAE	203 WAVERLEY ROAD DARTMOUTH, NOVA SCOTIA CANADA B2X 2C3	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	PHIL DUNKELBARGER	125 SUNRISE ROAD WESTWOOD, MA 02090	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	MICHAEL SULLIVAN	15101 No. SAXON CIRCLE SOUTHWEST RANCHES FL 33331	<input checked="" type="checkbox"/> Add ✓ <input type="checkbox"/> Remove
MGR	BRADFORD WHIPPLE	4501 SW HUTH AVE FT LAUDERDALE FL 33314	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: 8/15/2014 (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 August 5th, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JAN  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA