# 115000052189

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### **COVER LETTER**

Division	of Corporations			
SEAF SUBJECT:	HORSE AND CRUSTACEAN, LLC			
Name of Limited Liability Company				
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.			
Please return all con	rrespondence concerning this matter to the following:			
	JOE A CATARINEAU, ESQ			
Name of Person				
JOE A CATARINEAU, PA				
	Firm/Company			
91750 OVERSEAS HIGHWAY				
	Address			
	TAVERNIER, FL 33070			
City/State and Zip Code				
	JOE@TAXCATCPA.COM			
	E-mail address: (to be used for future annual report notification)			
For further informa	ation concerning this matter, please call:			
JASON CATARIN	NEAU 305 852-4833			
at () Name of Person Area Code Daytime Telephone Number				
Enclosed is a check	c for the following amount:			
■ \$25.00 Filing F	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing Fee, } \text{ Certificate of Status } \text{ Certified Copy } \text{ Certified Copy } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (additional copy is enclosed)}			

## MAILING ADDRESS:

TO:

**Registration Section** 

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

SEAHORSE AND CRUSTACEAN, LLC		
( <u>Name of the Limited Liability</u> (A Florida l	Y Company as it now appears on our records.) Limited Liability Company)	,
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/24/2015	and assigned
Florida document number L15000052189	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Kathryn R. Kaile, LLG		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		:-1
Enter new mailing address, if applicable:		<b>15</b> A_[_
(Mailing address MAY BE A POST OFFICE BOX)		
(Mutting dauress MAT BE A FUST OFFICE BOX)		SS TO THE PARTY OF
		MC me prose
B. If amending the registered agent and/or registe	ered office address on our records.	enter the name of the nev
registered agent and/or the new registered office address		35
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zin 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			☐ Change	
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			□ Remove	
			☐ Change	

D. If amending any other information, enter change(s) here: (Attach additional additiona	ional sheets, if necessary.)
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or  Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	more than 90 days after filing.) Fursuant to 605.0207 (3)(
If the record specifies a delayed effective date, but not an effective (b) The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of:
Dated Sept. 14, 2015.  Lady R. Pail  Signature of a member or authorized representative	ve of a member
Kathryn R- Kaile Typed or printed name of signee	

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Filing Fee: \$25.00