L15000138113

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COVER LETTER

Div	vision of Corp	orations			
 SUBJECT:	MTJ Seafood	LLC			
		Name of Limit	ed Liability Company		
Tt 1	4 A-4:-1 A	and described for (a) are subserved	ing the Cline		
I ne enciose	d Articles of A	mendment and fee(s) are subm	nited for filing.		
Please retur	n all correspon	dence concerning this matter to	o the following:		
		Tai Le			
		Halfe "	Name of Person		
		MTJ Seafood LLC		and the second	
			Firm/Company		
		15261 SW 20th St.			
			Address		
		Miramar, FL 33027			
			City/State and Zip Code		
		taile001@hotmail.com			
		E-mail address: (to	be used for future annual re	eport notification)	
For further	information co	ncerning this matter, please cal	II:		
Tai Le			954 736- at ()	-8062	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Name of	Person	Area Code	Daytime Telephone Nu	imber
England in	a abaal, far tha	following amount:			
		following amount:	Eleccooper n	F #40.	00 PH F
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cer osed) Cer	tificate of Status & tified Copy

MAILING ADDRESS:

Registration Section

TO:

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
Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTJ Seafood LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recordited Liability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Comp Florida document number L15000138173	eany were filed on 8/12/2015	and assigned
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 contain the words "Limited L	iability Company," the designation "I.LC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	* **********	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter r toriaa street aaares.	y.
		orida
N. Bulancia and Street W. N. Burtan M.	City	гф Coae
New Registered Agent's Signature, if changing Registered Ag		•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp	agree to act in this capacity. I full lete performance of my duties, an	ther agree to comply with t ad I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Origif 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 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
MGR	Nam Van	18552 SW 17th Ct.	□ Add
		Miramar, FL 33029	■ Remove
			Change
			Add
			□ Remove
			Add
			☐ Remove
		.	☐ Change
			□ Remove
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		 	Remove
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ective date, if other than the dat a effective date is listed, the date must be	te of filing:specific and cannot be prior.	to date of filing or more than 9	optiona O davs after filir	l) 19.) Pursuant to	605.02
te: If the date inserted in this block	does not meet the applica	able statutory filing require	ments, this da	te will not be	listed
cument's effective date on the Depar	tment of State's records.				
			12.01		!!
record specifies a delayed ef The 90th day after the record		t an enective time, at	. 12:01 a.m	. on the ea	mer
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November 11	2015				1 -
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	\supset	orized representative of a mem	AH, ASSEE, F	S NO	Į.

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Filing Fee: \$25.00