

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TO

TORRES E VADILLO, LLP

Account Number : Phone :

: 120150000038 : (305)485-9700

Phone Fax Number

: (305)436-0191

Enter the email address for this business entity to be used for future should report mailings. Enter only one email address please.

Basil Address: COT MIGHTON a torres Walling L

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BEST WORLD SEAFOOD LLC

Certificate of Status	0	
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ARI	CLES OF OR	JANIZA HUN	
	OF		and assigned
THE BEST WORLD SEAF	FOODILC		The state of the s
		s it now appears on our records.) lity Company)	
	(A Florida Limited Liabi	lity Company)	
The Articles of Organization for this Limited I	Liability Company wer	re filed on 02/04/2016	and assigned o
Florida document number L16000024492			
			÷
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
N/A			
The new name must be distinguishable and end with the	e words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		√ /A	
(Principal office address MUST BE A STRE	-		
			•
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E ROX)		
	-		
B. If amending the registered agent and		e address on our records, s	enter the name of the new
registered agent and/or the new registered	office address here:		
	E 1. Ca.		
Name of New Registered Agent:	Evanan A. Sanchez M.		
New Registered Office Address:	11402 NW 41	Street, Sulte 211-611	
-	_	Enter Florida street uddress	
	Doral		_{da} 33178
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register	red agent and agree	to act in this capacity. Lfurth	er 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 Or, if this document is being filed to merely reflect a change in the registered office addres m that the limited liability company has been notified in writing of this change.

> If Changing Re nature of Now Registered Agent

Page 1 of 3

HUCODO53 435 3
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>	Name	Address	Type of Action
MGR	Machado, Robert A	11402 NW 41 Street	
_		Suite 211-611	■ Remove
		Doral, Florida 33178	
MGR	Rincon Garcia, Aly J	11402 NW 41 Street	□ Add
		Suite 211-611	■ Remove
		Doral, Florida 33178	· · · · · · · · · · · · · · · · · · ·
MGR	Sandoval, Fabiana V	11402 NW 41 Street	Add
		Suite 211-611	■ Remove
	•	Doral, Florida 33178	
MGR	Rincon, Joalice D	11402 NW 41 Street	2016 AND TO THE PARTY OF THE PA
		Suite 211-611	603
		Doral, Florida 33178	Remove TI
MGR	IMDACA C.A.	11402 NW 41 Street	OR Add
		Suite 211-611	■ Remove
		Doral, Florida 33178	
			□ Remove
			·

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ne effective date must be specific, cannot be	e prior to date of receipt or :	filed date and cannot be		
he date this document is filed by the Florida	>> >			
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Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00

