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COVER LETTER

TO:

Registration Section

Division of	Corporations		
SEAFA	ARM PRODUCT SPA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	s of Amendment and fee(s) are subi	nitted for filing.	
Please return all corre	espondence concerning this matter t	to the following:	
	Miguel Armenteros, Esq.		
		Name of Person	
	Annesser Armenteros, PLL	.C	
		Firm/Company	
	2525 Ponce de Leon Blvd	Ste, 625	
			·
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	Miguel@aa-firm.com		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information	on concerning this matter, please ca	ılı:	
Miguel Armenteros		786 600-7446	
Nar	ne of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25,00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	AILING ADDRESS: gistration Section cision of Corporations	STREET/COURI Registration Section Division of Corpor	n
P.C	D. Box 6327	Clifton Building	
i al	llahassee, FL 32314	2661 Executive Ce	mer Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) any)
The Articles of Organization for this Limited Florida document number <u>L16000082873</u>	Liability Company were filed or	n April 16, 2016 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	ny here:
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	2019 AUG 16 F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	2: 0 2: 0 2: 0
B. If amending the registered agent and registered agent and/or the new registered of		s on our records. enter the name of the
Name of New Registered Agent:	Annesser Armenteros, PLLC	
New Registered Office Address:	2525 Ponce de Leon Blvd., S	
	Enter Coral Gables	r Florida street address 33134
	City City	, Florida = 33134 = 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 far in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office adards, 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Juan E. Corvalan		
		2525 Ponce de Leon Blvd., Ste. 625, Coral Gables, FL 3314	■ Remove
			Change
MGR	Trade Wind Foods, LLC	2525 Ponce de Leon Blvd., Ste. 625, Coral Gables, FL 331 3 4	Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
		·	
			□ Remove
			☐ Change

(If an e Note	tive date, if other than the date of filing:
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of each day after the record is filed. $ \sqrt{\frac{1}{2019}} $ August 12
Dated	1 August 12
	/\/_/\/
	Signature of Ashember or authorized representative of a member

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Filing Fee: \$25.00