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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2018 APR 13 AM IO: 44
SECRETARY OF STATE
ALLAHASSET FINDINA

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| KIM'S SEA | AFOOD, LLC | | |
| NUBJECT: | Name of Limite | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | itted for filing. | |
| Please return all correspo | ondence concerning this matter to | the following: | |
| | KIM HUONG THI TRAN | | |
| | | Name of Person | |
| | KIM'S SEAFOOD, LLC | | |
| | | Firm/Company | |
| | 7025 74TH STREET CIR E | (Mailing obliverss) | |
| | | Address | · |
| | BRADENTON, FL 34203-0 | 000 | |
| | | City/State and Zip Code | |
| | hakimbg@yahoo.com | <u></u> | |
| | E-mail address: (to | be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please cal | l: | |
| KIM HUONG THE TRA | | 404 396-6617 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| \$25.00 Filing Fee | □ \$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) |

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

| (Name of the Limi | ted Liability Co (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | · · · · · · · · · · · · · · · · · · · |
|---|--|--|---|
| The Articles of Organization for this Limited L Florida document number L18000032942 | iability Comp | pany were filed on 03/01/2018 | and assigned |
| This amendment is submitted to amend the fol | 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 contain the | words "Limited I | Liability Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | N/A | |
| (Principal office address MUST BE A STREE | ET <u>ADDRES</u> S | <u> </u> | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | N/A | |
| Mailing address MAY BE A POST OFFICE | BOX) | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | | | ter the name of the n |
| New Registered Office Address: | N/A | | |
| .vew registered office reducts. | | Enter Florida street address , Florida | APR 13 |
| | | City | Zin Carle. |
| New Registered Agent's Signature, if changing | Registered Ag | <u>gent:</u> | |
| I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | per and comp istered agent registered o <u>j</u> | plete performance of my duties, and Lo t as provided for in Chapter 605, F.S. | ag ce to comply with tham familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--------------------------|----------------|
| AMBR | NGUYEN, GIA HOANG | 7025 74TH ST CIR E | |
| | | BRADENTON, FL 34203-0000 | Remove |
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Page 3 of 3

Filing Fee: \$25.00