

L18000 109 756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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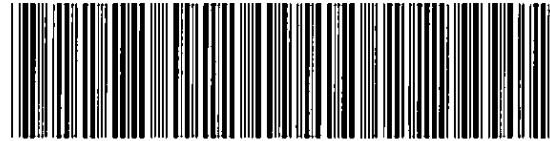
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS  
20 FEB 10 PM 12:41

FEB 17 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Alabama Shrimp Company  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gino Tran  
Name of Person  
Alabama Shrimp Company  
Firm/Company  
1209 Gulf Shores pkwy  
Address  
Gulf Shores, AL 36542  
City, State and Zip Code  
teddyt7373@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gino tran at ( 904 ) 670-6885  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Alabama Shrimp Company LLC  
(Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company))

The Articles of Organization for this Limited Liability Company were filed on 5/02/2018 and assigned  
Florida document number L18000109756

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Same

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 applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gino H. TRAN

New Registered Office Address:

645 Lost Key DR

Enter Florida street address

Pensacola

City


Florida

32507

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TRAN, H Gino	645 Lost Key DR Pensacola Florida 32507	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	TRAN, Van Tad	645 Lost Key DR Pensacola, Florida 32507	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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[illegible]

02/03/2020

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_

Tad Van Tran  
Typed or printed name of signee