## 120000240092

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## COVER LETTER

TO: Registratio Division of	n Section Corporations				
(3 L LTS LT1 CV4)	OOD DISTRIBUTORS LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corr	espondence concerning this matter	to the following:			
	ARIEL CABRERA				
		Name of Person			
	SEAFOOD DISTRIBUT	ORS LLC			
Firm/Company					
	1512 W FLAGLER STR	EET # 100			
		Address	<del></del>		
	MIAMI, FL 33135				
		City/State and Zip Code	<u> </u>		
	seafooddistributors@yah	to be used for future annual report not	i(igntian)		
For firether informati	on concerning this matter, please c		(педанон)		
	on concerning this matter, please c	an.			
ARIEL CABRERA		at ()	ne Telephone Number		
Nai	me of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check t	or the following amount:				
■ \$25,00 Filing Fe	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)		
Mailing Ad	<del>-</del>	Street Address:	ortion		
_	on Section of Corporations	Registration Se Division of Co			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAFOOD DISTRIBUTORS 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 AUGUST 7, 2020 and assigned Florida document number L20000240092 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 Liability Company," the designation "LLC" or the abbreviation "LLC" 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) 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: New Registered Office Address:

## 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.

City

Enter Florida street address

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>	Name	Address 8:49	Type of Action
AMBR	JOSE VAZQUEZ	1512 W FLAGLER STREET #100	□Add
		MIAMI, FL 33135	<b>=</b> Remove
			DChange
			🗀 Add
			□Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the apartment's effective date on the Department of State's rec	pplicable statutory (	or more than 90 of filing requirement	(optional) lays after filing.) Pursuant ents, this date will not	t to 605,020 be listed as
cord specifies a delayed effective date, but not an effect	ive time, at 12:01 a.	.m. on the earli	er of: (b) The 90th da	ay after the
ed AUGUST 23 2020	·			
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Filing Fee: \$25.00