

120 000 249947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

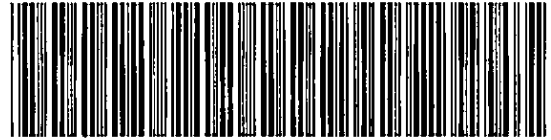
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 DEC 22 PM 3:25

T. MATTHEWS

DEC - 8 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEANO SEAFOOD INTERNATIONAL LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Drew Gaddis

Name of Person

INTERCONTINENTAL TRADE AND LOGISTICS SERVICES, LLC

Firm/Company

2575 NW 82 AVE, STE 103

Address

Miami, FL 33122

City/State and Zip Code

drew.gaddis@alphabrokers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew Gaddis

Name of Person

305

at ()

Area Code

594-9290

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

21:11:22 PM 3:25

OCEANO SEAFOOD INTERNATIONAL 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 08/24/2020 and assigned Florida document number L20000249947.

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 "L.L.C."

Enter new principal offices address, if applicable:

2875 NW S2 AVE

(Principal office address MUST BE A STREET ADDRESS)

STE 120

Miami, FL 33122

Enter new mailing address, if applicable:

2875 NW S2 AVE

(Mailing address MAY BE A POST OFFICE BOX)

STE 120

Miami, FL 33122

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:

MICHAEL MCGREGOR, Sr.

New Registered Office Address:

701 BRICKELL AVENUE, SUITE 1550

Enter Florida street address

Miami

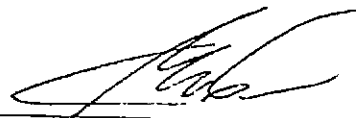
City

Florida 33131

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:

21

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MC GREGOR, MICHAEL, Sr.	701 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1550	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	INTERCONTINENTAL TRADE AND LOGISTICS SERVICES, LLC	2875 NW 92 AVENUE	<input checked="" type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		MIAMI, FL 33122	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 30, 2021



Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00