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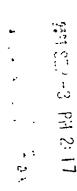
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| 4415 4F 6F | EN & SEAFOOD, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for tiling. | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | Kevin Palacio | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 1419 LATTA DRIVE, AP | | |
| | _ | Address | |
| | CELEBRATION, FL 3474 | 47 | |
| | | City/State and Zip Code | |
| | | to be used for future annual report notifi | cation) |
| For further information | concerning this matter, please c | all: | |
| Kevin Palacio | | at () | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for (| the following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration | | Street Address: Registration Sec | tion |
| | Section Corporations | Division of Corr | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| ECUGREEN & SEAFOOD, LLC | | |
|---|--|---------------------|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Liab | as it now appears on our records.) oility Company) | |
| he Articles of Organization for this Limited Liability Company we | | and assigned |
| lorida document number L21000325867 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | |
| - | f = 0 | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the ab- | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | . <u></u> | |
| | | |
| | • | <u>د کی</u> |
| Enter new mailing address, if applicable: | • | SS: |
| Mailing address MAY BE A POST OFFICE BOX) | 7 | |
| | | |
| · - | | |
| B. If amending the registered agent and/or registered office add | iress on our records, enter the nam | e of the new regi |
| igent and/or the new registered office address here: | | 17 |
| | • | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | City | 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> | Address | Type of Action |
|--------------|------------------|----------------------------|----------------|
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| | | | ☐ Change |
| AMBR | PINARGOTE, LEIDY | 1419 LATTA DRIVE, APT. 102 | = Add |
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Filing Fee: \$25.00