(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	dusiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	
<u></u>		

Office Use Only



600226172726

03/30/12--01033--005 **52.50

COVER LETTER

Division of Corporations Lili's Seafood, Inc. NAME OF CORPORATION: P12000028522 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Liliana Joa Firm/ Company 20210 S.W. 103 Avenue Address

Cutter Bay FL 33189

City/ State and Zip Code E-mail address: do be used for future annual report notification) For further information concerning this matter, please call: Tennifer Steinberg at (305) 562-6017

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) ٠

Mailing Address

TO: Amendment Section .

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lili's Seafood, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 12000628522	
(Document Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·

P	120006285	22			
(Document Num	nber of Corporation (if	known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Slorida Profit Corport	ation adopts the f	ollowing amendr	ment(
A. If amending name, enter the new name of	the corporation:				
				The ne	ew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "C	co". A professional o			
B. Enter new principal office address, if app			····	<u> </u>	
(Principal office address MUST BE A STREE	<u>T ADDRESS</u>)			1 2	ON S
				MAR 30	Sign
				— ≅ ა	
C. Enter new mailing address, if applicable:				0	COE
(Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)			=	PO
				AH 9: 1	GF CORPORATION
					10
D. If amending the registered agent and/or r	egistered office addre	ess in Florida, enter t	he name of the	**	
new registered agent and/or the new regis					
Name of New Registered Agent					
	(Florida stree	et address)			
New Registered Office Address:		, F	lorida		
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip C	ode)	
New Registered Agent's Signature, if changing	na Degistered Agent.				
I hereby accept the appointment as registered a		th and accept the obl	igations of the po	sition.	
Signatur	e of New Registered Ag	ent if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Bally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	- P	Angel Oropesa	20210 SW 103 ave Cutter Bay FL 33189
2) X Change Add Remove		Liliana Joa	20210 SW 103 Ave Citler Bay FL 33189
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

. <u>1</u> (:	If amending or adding additional Articles, attach additional sheets, if necessary). (Be	e specific)
•		N. (18) 100000 A. (18)
. <u>I</u> 1	If an amendment provides for an exchange, provisions for implementing the amendme (if not applicable, indicate N/A)	, reclassification, or cancellation of issued shares, ont if not contained in the amendment itself:

The date of each amendment(s) ac	doption:3 [27 2012_
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
, "The number of votes cast	for the amendment(s) was/were sufficient for approval
by	,"
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_ Mare	ch 27, 3p12
. V	
Signature By a di	rector president or other officer – if directors or officers have not been
selected	I, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Liliana Joa
•	(Typed or printed name of person signing)
	President (former up) (Title of person signing)
	(Title of person signing)