L06000038219

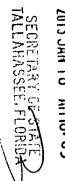
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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JAN 22 2013 J. BRYAN



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2013

JAIME PARDINAS CAPTIANS SERVICES LLC 12221 SW 120 AVE MIAMI, FL 33186

SUBJECT: CAPTAIN'S SERVICES, LLC.

Ref. Number: L06000038219



We have received your document for CAPTAIN'S SERVICES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$793.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 513A00001103

COVER LETTER

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TO: Registration Sect Division of Corpo			
	Ŋ		
SUBJECT: CAT	TAINS SERVICE	ES LLC.	•
	Name of Limit	ed Liability Company	
			Post of the second
			三 三 三
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	TALLAHASSEE, FLORENCE
		_	Section 1
Please return all correspond	dence concerning this matter t	to the following:	6
			6.4 5
	7 44.16	Parising	E.M.
	MAINE	Name of Person	
	A	C C	•
	(1,100	INS SERVICES L	1_0
		Firm/Company	
		. ,	
	122213	5W 120 AVE	
		Address	
	MIAMI	FL. 33186	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	CAPNETRALIC	ES2B24 DG HAI	L.COH
	E-mail address: (to	ES2824 © G HAI be used for future annual report notificati	on)
Ear factor information con	cerning this matter, please ca	.11.	
roi further information cor	icerning this matter, please ca		
10000		205 BB 10 11 5	-
Name of I	PARDINAS	at (<u>305)</u> 986 \4 <i>5</i> Area Code & Daytime Te	lenhane Number
ranic of t	Cison	Area code & Daytime Te	repriorie Number
Enclosed is a check for the	following amount:		
52 \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPTAINS SER		C. Francis S. Francis
(A Florida L	Limited Liability Company)	Son our records
The Articles of Organization for this Limited Liability C	_	PRIL 12, 2006 and assigned
Florida document number LOG00038219	<u>l</u>	TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :
CAPTAIN'S SERVICES I	NTERNATINAL	- I-L-C.
The new name must be distinguishable and end with the worn "L.L.C."	ds "Limited Liability Compa	my," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	En	ter 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		Add
			Remove SECRETARY Sec. A
			SSET
·			SE Rentove
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	• .		Add
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mending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
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	TP .
	Signature of a member or authorized representative of a member
	JAIME PARDIÑAS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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