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EXAMINER



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SECRETARY OF SWAR

COVER LETTER

	Name of Limi Amendment and fee(s) are sub ondence concerning this matter		
d Articles of	Amendment and fee(s) are sub	omitted for filing. to the following: Platon Alexandrakis	
	ondence concerning this matter	to the following: Platon Alexandrakis	
n all correspo	-	Platon Alexandrakis	
	A		
		Name of Person	
		Firm/Company	
	32		
		City/State and Zip Code	
	E-mail address: (platon@bernuth.com to be used for future annual report n	notification)
nformation c	oncerning this matter, please o	all:	
A. Platon Alexandrakis		at (<u>305</u>)	586-0931 ytime Telephone Number
			,
a check for th	ne following amount:		
iling Fce	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ation Section	Registration Se	
í	A. Plat Name of the check for	E-mail address: (information concerning this matter, please of the following amount: a check for the following amount: iling Fee \$\sqrt{\$30.00}\$ Filing Fee &	STREET/COURAND Firm/Company 3201 NW 24 Street/Road Address

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISIANO	Stevedoring, LLC	re on our records		
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	irs on our records.		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	March 20, 2009	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "LL	.C" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		 	
Enter new mailing address, if applicable:		A Participation of the Control of th	12 HAY -	William .
(Mailing address MAY BE A POST OFFICE BOX)		CHI CHI CHI CHI		1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter th	e name of	f the new
Name of New Registered Agent:				
New Registered Office Address:	Eı	nter Florida street addre	2.5.5	
	. 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 = Manager MGRM = Managing Member **Title** Name 1 <u>Address</u> **Type of Action** Tom Paelinck **MGRM** 3201 NW 24 Street/Road ☐ Add Remove Miami, FL 33142 ___ Nicholas Gooding 120 MacArthur Causeway Miami Beach, FL 33139 MGRM ✓ Add Remove ☐ Add Remove Add Remove □Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Tom Paelinck
Typed or printed name of signee

Filing Fee: \$25.00