

L10000129301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

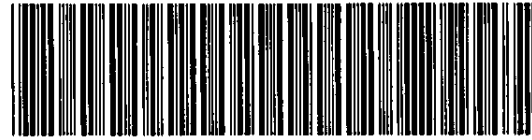
(Business Entity Name)

(Document Number)

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PALM BEACH COUNTY, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STAR VOYAGE ANTILLES USA 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:

**PASCAL NICOLAI**

Name of Person

Firm/Company

**170 SE 14TH STREET, SUITE 1002**

Address

**MIAMI, FL 33131**

City/State and Zip Code

**nicolai.pascal@me.com**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**PASCAL NICOLAI**

Name of Person

at ( **305** ) **3433671**

Area Code & 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**STAR VOYAGE ANTILLES USA 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 12/20/2010 and assigned Florida document number L10000129301.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

170 SE 14TH STREET  
SUITE 1002  
MIAMI, FLORIDA, 33131

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

170 SE 14TH STREET  
SUITE 1002  
MIAMI, FLORIDA, 33131

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REMANUSCRIPTS DIVISION  
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**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: \_\_\_\_\_

New Registered Office Address:

170 SE 14TH STREET, SUITE 1002

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input checked="" type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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

**AMENDING MANAGER ADDRESS**

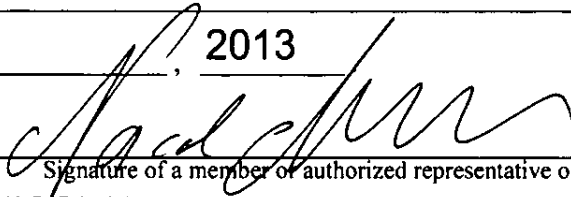
170 SE 14TH STREET, SUITE 1002, MIAMI, 33131

**AMENDING MEMBER MANAGER ADDRESS**

170 SE 14TH STREET, SUITE 1002, MIAMI, 33131

Dated 03/28

2013



Signature of a member or authorized representative of a member

PASCAL NICOLAI

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE  
PAUL A. HASSSEL, FLORIDA

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