L14000039677

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COVER LETTER

SUBJECT:	MARINE EN	GINE POWER LLC			
SUBJECT: _		Name of Limite	d Liability Company		
The enclosed A	Articles of An	nendment and fee(s) are subm	itted for filing.		
Please return a	ll correspond	ence concerning this matter to	the following:		
		Susan Chemen			-
			Name of Person		-
		Susie Chemen Consulting LI	LC		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Firm/Company		_
		20225 Ne 34th. Ct. apt 2316			
			Address		_
		Aventura Fl 33180			
			City/State and Zip Code		_
		suchemen@hotmail.com			
		E-mail address: (to	be used for future annual re	port notification)	
For further inf	ormation con	cerning this matter, please call	l:		
Susan Chemen			305 469-6 at ()		
	Name of P	erson	Area Code	Daytime Telephone Number	r
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific sed) Certifie	ate of Status &

MAILING ADDRESS:

ŒT:

Registration Section
Division of Corporations

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

MARINE ENGINE POWER LLC				
(<u>Name of the Limi</u>	ted Liability Company as it (A Florida Limited Liability	t now appears on our re y Company)	ecords.)	
The Articles of Organization for this Limited L Florida document number L14000039677	iability Company were	filed on 3 10	14	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability c	ompany here:		
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation	"LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	cable:			1 112
(Principal office address MUST BE A STREI	ET ADDRESS)			
			》 (A) (一) (T)	<u>ਰ</u>
Enter new mailing address, if applicable:			arth.	20 ;
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u>on</u>
	-		ir.c.	3 10
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B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office and office	address on our rec	cords, enter the	name of the new
Name of New Registered Agent:	Susie Chemen consul	ting LLC		
New Registered Office Address:	20225 Ne 34 Ct			
		Enter Florida street a	address	
	Aventura		_, Florida ³³¹⁸⁰	
	<i>C</i>	Lity		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

Page 1 of 3

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>	<u>Address</u>	Type of Action
AMBR	Sergio Luis Rapa	2101 Brickell Ave Ste 803	■ Add
		Miami , Fl 33129	□ Remove
			☐ Change
AMBR	Juan Carlos Gomez Moncada	2101 Brickell Ave Ste 803	Add
		Miami, Fl. 33129	■ Remove
			□ Change
			Add
			Remove
			Change
			Add
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			☐ Change
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aativa	date, if other than the date	of filing:		(optic	nnal)
effect	ive date is listed, the date must be spe	ecific and cannot be pr	ior to date of filing or mo	re than 90 days after	filing.) Pursuant to 605
	the date inserted in this block do t's effective date on the Departn			requirements, this	date will not be list
	·				
reco	d specifies a delayed effe	ective date, but	not an effective ti	me, at 12:01 a	i.m. on the earli
he 9	Oth day after the record is	s filed.			
	01 10 10 7016				
ed _	Cpril 19,2016-	·	·		
	Signat	ture of a member or a	thorized representative of	f a member	3. 7
	_		-		- 193 B
	Julian Rappa				

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Filing Fee: \$25.00