

L15000 147528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

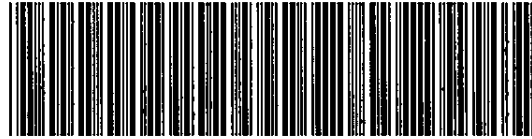
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Deslize Marine, 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:

Aderbal Luiz Arantes, Jr.

Name of Person

Deslize Marine, LLC

Firm/Company

1999 NE 150th St, Suite 104

Address

North Miami, FL 33181

City/State and Zip Code

Luiz@canaligroup.com

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

For further information concerning this matter, please call:

Aderbal Luiz Arantes, Jr.

Name of Person

at (786)

Area Code

218-3786

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**

Deslize Marine, 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 August 27, 2015 and assigned Florida document number L15000147528

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

Enter new principal offices address, if applicable:

1999 NE 150th St, Suite 104

(Principal office address MUST BE A STREET ADDRESS)

North Miami, FL 33181

Enter new mailing address, if applicable:

1999 NE 150th St, Suite 104

(Mailing address MAY BE A POST OFFICE BOX)

North Miami, FL 33181

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TALLAHASSEE FLORIDA

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:

Aderbal Luiz Arantes, Jr.

New Registered Office Address:

1999 NE 150th St, Suite 104

Enter Florida street address

North Miami

Florida

33181

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 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

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>	<u>Type of Action</u>
MGR	Diego Rengifo	1440 LEE WAGENER BLVD, Suite #100	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aderbal Luiz Arantes, Jr.	1999 NE 150th St, Suite 104	<input checked="" type="checkbox"/> Add
		North Miami, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____, 2016

Signature of a member or authorized representative of a member

Aderbal Luiz Arantes, JR., Managing Member

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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