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S. YOUNG

## **COVER LETTER**

TO: Registration Section
Division of Corporations

LANDSKRONA SHIPPING AMERICAS LLC

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	A. Platon Alexandrakis		
	Alexandrakis Law, PLLC.	Name of Person	<del></del>
	110 Merrick Way, Suite 3/	Firm/Company	<del></del>
	Coral Gables, FL 33134	Address	
	AlexandrakisLaw@Gmail.c	City/State and Zip Code com	AHASSEI 15
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	all:	FLOGS IN
Platon Alexandrakis		786 853.4769 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

LANDSKRONA SHIPPING AN	MERICAS LLC.	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Colorida document number	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		FINED OCT IS PA
B. If amending the registered agent and/or registered agent and/or the new registered office addi		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street adaress	
	, Flori	đa Zip Code
	CHY	∠ip ∪oae

#### 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

It 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>	Address	Type of Action
MGR	Platon Alexandrakis	110 Merrick Way, Suite 3A Coral Gables, FL 33134	■ Add
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Effec	tive date, if other than the date of filing: (optional)	ካ
(If an e	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 💥 stant trop 05.	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date value of be listement's effective date on the Department of State's records.	क्षकः Ö
	nent's effective date on the Department of State's records.	_
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the earlie e 90th day after the record is filed.	r of:
Dated	10/8 2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00