

LO60000026532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

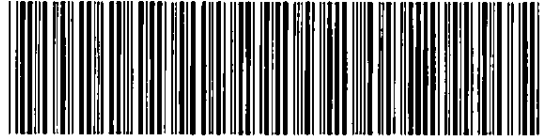
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200416183132

09/25/23--01033--002 \*\*25.00

FILED  
2023 SEP 25 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pesantes Marine Group 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:

Beatriz Ayala

Name of Person

Firm/Company

3111 Orange Grove Trail

Address

Naples FL 34120

City/State and Zip Code

BMASERV028@GMAIL.COM

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

For further information concerning this matter, please call:

BETTY AYALA

239 227-5655  
at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 SEP 25 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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>                   |
|--------------|--------------------|---------------------------------|---|
| AMBR         | FABIAN F. PESANTES | 717 PONCE DE ELON BLVD UNIT 227 | <input checked="" type="checkbox"/> Add |
|              |                    | CORAL GABLES FL 33134           | <input type="checkbox"/> Remove         |
|              |                    |                                 | <input type="checkbox"/> Change         |
|              |                    |                                 | <input type="checkbox"/> Add            |
|              |                    |                                 | <input type="checkbox"/> Remove         |
|              |                    |                                 | <input type="checkbox"/> Change         |
|              |                    |                                 | <input type="checkbox"/> Add            |
|              |                    |                                 | <input type="checkbox"/> Remove         |
|              |                    |                                 | <input type="checkbox"/> Change         |
|              |                    |                                 | <input type="checkbox"/> Add            |
|              |                    |                                 | <input type="checkbox"/> Remove         |
|              |                    |                                 | <input type="checkbox"/> Change         |
|              |                    |                                 | <input type="checkbox"/> Add            |
|              |                    |                                 | <input type="checkbox"/> Remove         |
|              |                    |                                 | <input type="checkbox"/> Change         |
|              |                    |                                 | <input type="checkbox"/> Add            |
|              |                    |                                 | <input type="checkbox"/> Remove         |
|              |                    |                                 | <input type="checkbox"/> Change         |

2023 SEP 25 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 SEP 25 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 SEP 25 AM 10:59

(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)

Dated SEPTEMBER 20 2023

*Fabian Pesantes*  
Signature of a member or authorized

Signature of a member or authorized representative of a member

FABIAN M. PESANTES

Typed or printed name of signee