

L12000018057

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHIP SUPPLY AND TRADE, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ship Supply and Trade, 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:

Sharon Moy

Name of Person

Paul Hastings LLP

Firm/Company

71 S. Wacker Drive, 45th Floor

Address

Chicago, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

Sharon Moy

312 499-6086
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 &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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(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**

Ship Supply and Trade, 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 February 6, 2012 and assigned
Florida document number L12000018057.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida street address

Plantation, Florida 33324
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.

James M. Halpin,
Assistant Secretary

Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Marc Stern	800 Brickell Key Drive #2508	<input type="checkbox"/> Add
		Miami, FL 33168	<input checked="" type="checkbox"/> Remove
MGRM	Christian Giannakopoulos	15065 S.W. 7th Avenue	<input type="checkbox"/> Add
		Miami, FL 33168	<input checked="" type="checkbox"/> Remove
MGR	Jeff Zanarini	15065 S.W. 7th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
MGR	Parashar Ranade	15065 S.W. 7th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
MGR	Rick Rosen	15065 S.W. 7th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 30 , 2015



Signature of a member or authorized representative of a member

Parashar Ranade, Vice President, Assistant Secretary and Treasurer of Ship Supply Acquisition Corporation, its Member

Typed or printed name of signee

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Filing Fee: \$25.00

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