

L12000027190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

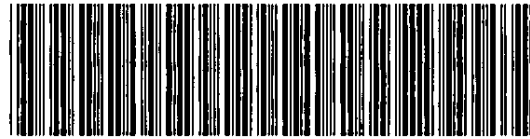
(Business Entity Name)

(Document Number)

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13 JUN -3 PM 1:21
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 4 - 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MOVEO SAILING 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:

ALVARO FABRE

Name of Person

MOVEO SAILING LLC

Firm/Company

2600 NW 75TH AVE STE 100

Address

MIAMI, FL 33122

City/State and Zip Code

alvaro@magnumfreight.com

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

For further information concerning this matter, please call:

ALVARO FABRE

Name of Person

at (**305 283-3134**)

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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MOVEO SAILING LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/24/2012 and assigned
Florida document number L 12000027190.

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)

2600 NW 75TH AVE STE 100

MIAMI, FL 33122

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2600 NW 75TH AVE STE 100

MIAMI, FL 33122

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: ALVARO FABRE

New Registered Office Address: 2600 NW 75TH AVE STE 100

Enter Florida street address

MIAMI

City

, Florida 33122

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL FABRE	12973 SW 112TH ST STE 389	☐ Add
		MIAMI, FL 33186	☒ Remove
MGR	ALVARO FABRE	9405 SW 91 STREET	☐ Add
		MIAMI, FL 33176	☒ Remove
MGRM	ALVARO FABRE	2600 NW 75TH AVE STE100	☒ Add
			☐ Remove
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			☐ Remove

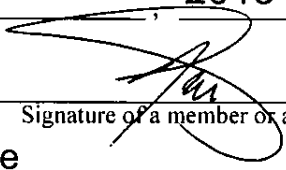
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated May 24 2013


Signature of a member or authorized representative of a member

Alvaro Fabre

Typed or printed name of signee

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Filing Fee: \$25.00