L12000067959

| (Re | equestor's Name) | 1 |
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| (Ad | ldress) | |
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| (Ci | ty/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | me) |
| (Document Number) | | |
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SE OFFICE OF STATE
SECONDIANSSEE, FLORIDA

C. LEWIS

SEP -7 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

NANDEZ
LLC

A NAME OF STATE
Division of Corporations

September 7, 2012

12.

JOSHUA JORGE FERNANDEZ DEEP SEA REAPERS LLC 2970 SW 128TH AVE MIAMI, FL 33175

SUBJECT: DEEP SEA REAPERS LLC

Ref. Number: L12000067959

We have received your document for DEEP SEA REAPERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 312A00022654

COVER LETTER

| TO: Registration S Division of Co | | | | |
|-----------------------------------|---|--|--|--|
| SUBJECT: | DEEP SEA | A REAPERS LLC | | |
| | | ted Liability Company | | |
| | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | JOSH | UA JORGE FERNANDEZ | | |
| | | Name of Person | | |
| | DE | EP SEA REAPERS LLC | | |
| | | Firm/Company | | |
| 2970 SW 128TH AVE | | | | |
| | | Address | | |
| | | MIAMI, FL 33175 | | |
| | | City/State and Zip Code | | |
| | JOS | SHF@DSRTEAM.COM | | |
| | · | to be used for future annual report notification) | | |
| For further information | concerning this matter, please of | call: | | |
| JOSHUA . | IORGE FERNANDEZ | at (305) 987-1717 | | |
| 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 | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Regis Divis P.O. I | LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

COVER LETTER

| TO: Registration So Division of Cor | ection porations | | | | |
|--|--|---|--|--|--|
| SUBJECT: | DEEP SEA | REAPERS LLC | | | |
| SUBSECT: | | Liability Company | - | | |
| The enclosed Articles of | Amendment and fee(s) are subm | itted for filing, | | | |
| Please return all correspo | ondence concerning this matter to | the following: | | | |
| | JOSHU | A JORGE FERNANDEZ | | | |
| | | Name of Person | | | |
| DEEP SEA REAPERS LLC | | | | | |
| | | Firm/Company | | | |
| | 2970 SW 128TH AVE | | | | |
| | | Address | 1199 | | |
| | | MIAMI, FL 33175 | | | |
| | | City/State and Zip Code | 948 94 0 () 1 8 m 2 m dan | | |
| | JOSH | HF@DSRTEAM.COM be used for future annual report notificat | The state of the s | | |
| For further information of | concerning this matter, please cal | • | ionj | | |
| | ORGE FERNANDEZ O'Person | At (305) 98 | 37-1717 elephone Number | | |
| Enclosed is a check for t | he following amount; | | | | |
| S25.00 Filing Fee | \$30.00 Filing Fcc & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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, Ft. 32301

From: BANKING DEPARTMENT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

-12 SEP -7 PM 1:-22

SECRETARY OF STATE FALLAMASSEE, FLORIDA

| DEEP SI | A REAPERS LLC | |
|--|-----------------------------|--|
| (Name of the Limited Liability (A Florida I | Limited Liability Company) | rs on our records.) |
| The Articles of Organization for this Limited Liability C Florida document number | ompany were filed on | MAY 24, 2012 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ited liability company he | <u>re</u> : |
| The new name must be distinguishable and end with the wor | rds "Limited Liability Comp | any," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | |
| | | |
| Enter new mailing address, if applicable: | <u></u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If smending the registered agent and/or registered agent and/or the new registered office add | | our records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | ** | . The second sec |
| | F. | nter Florida street uddress |
| *************************************** | | , Florida |
| | 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 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.

If Changing Registered Agent, Signature of New Registered Agent

MGRM = Managing Member

MGR = Manager

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:

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------------------------|---|------------------------|
| MGRM | JOSHUA JORGE FERNANI | 14100 SW 182 AVE MIAMI, EL 33196 | Add ☐ Remove |
| <u>MGRM</u> | JOHAN J CARVAJAL | 14336 SW 97 TERR MIAMI, FL 33186 | ✓ Add □ Remove |
| MGRM | MARCOS A CASTRO MAL | 2970 SW 128TH AVE MIAMI, EL 33175 | Add Remove |
| | | , 100 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| Ple | ease remove the president, vice | ge(s) here: (Attach additional shoets, if necessary president and secretary and list th | • |
| | | | 12 SEP -7 SECRETARIASS |
| Dated | | | -7 PM II |
| | JOSHU | or authorized representative of a member A JORGE FERNANDEZ d or printed name of signee | : 22 |

Page 2 of 2

Filing Fee: \$25.00