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| (Cit | ty/State/Zip/Phor | ne #) | | |
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| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
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08/27/12--01035--023 **25.00

J. SAULSBERRY EXAMINER AUG 29 2012

CREWLOG LLC 1728 Coral Way Suite 618 Miami, FL 33145

August 24, 2012

FLORIDA DEPARTMENT OF STATE Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Attached please find our request to amend the Articles of Organization for CREWLOG LLC, we are amending the Suite as the number was not included in the original filing, also please find check number 1355 for the amount of \$25,00.

If you need to contact by phone the number is 305 261 7778 xt 176

Best xegards

Jørgø Wagnør

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: CREWLOG 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: |
| Jorge Wagner Name of Person |
| Name of Person |
| |
| Firm/Company |
| 1728 CORAL WAY SuiTe # 618 |
| Miami, Fl 33145 City/State and Zip Code |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Jorge Waynen at 786 327 9938 Name of Person Area Code & Daytime Telephone Number |
| ror further information concerning this matter, please call. |
| For further information concerning this matter, please call: JORYC WAYNER at (786) 327 9939 Area Code & Daytime Telephone Number |
| Jorge Waynen at (786) 327 9938 FROM Area Code & Daytime Telephone Number REST & |
| / |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & }\ \text{Certificate of Status} \text{S55.00 Filing Fee & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CREWLOS L | LC | | | | | |
|--|--------------------------------------|----------------------------------|-----------------|--------------------------------|----------------------------------|-------------|
| (<u>Name of the Limited</u> (A | Liability Compa Florida Limited I | ny as it now a Liability Comp | ppears on any) | our records.) | | |
| The Articles of Organization for this Limited Li Florida document number <u>L/2000/02</u> | | were filed or | 1 <u>08/</u> | 103/2012 | と and assi | gned |
| This amendment is submitted to amend the follow | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liab | oility compan | <u>y here</u> : | | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Lim | ited Liability (| Company," 1 | the designation " | LLC" or the a | bbreviation |
| Enter new principal offices address, if applicable: | | 1728 | Con | AL WA | 英。 3 | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u>Suite</u> Minm | # i,F1 | 3145 | IZ AUS 27 EURETAR LL AHASS | March shres |
| Enter new mailing address, if applicable: | | 1728 | Cons | L WAY | Y OF E | rn |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>Suite</u> <u>Minmi</u> | # +1 | L WA4 618 <u>331</u> 45_ | OF STATE E. FLORIDA | > |
| B. If amending the registered agent and/or the new registered of Name of New Registered Agent: | | | on our r | ecords, <u>enter</u> | the name o | f the nev |
| | 1778 | CORAL | WAY | SuiT | e. #6 | 18 |
| New Registered Office Address: | 1/20 | Enter I | | Florida street address | | |
| | Miami | 1728 CORAL WAY Enter H City | | , Florida 33145 | | |
| | | City | | Zip Code | | |
| New Registered Agent's Signature, if changing I | Registered Agent | <u>:</u> | | | | |
| I hereby accept the appointment as registere | ed agent and ag | ree to act in 1 | this capac | ity. I further ag | gree to comp | ly with |

If Changing Registered Agent, Signature of New Registered Agent

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 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:

| | = Manager 1 = Managing Memb | er | | | | | | | |
|--------------|--------------------------------|------------------------|--------------------|--------------------------|--------------------|-----------------------|-----|--|--|
| <u>Title</u> | <u>Name</u> | | <u>Address</u> | | | Type of Action | | | |
| | <u> </u> | | | | | ☐ Add ☐ Remove | ; | | |
| | | · | | | | ☐ Add ☐ Remove | : | | |
| | <u>.</u> | | | | | ☐ Add ☐ Remove | : | | |
| | | | | | | Add Remove | | | |
| | | | | | | □Add □Remove | | | |
| | | | | | = | _Add _Remove | | | |
| D. If an | nending any other in | formation, enter chang | e(s) here: (Attach | additional sheets, if ne | SECRITARY OF STATE | 2012 AUG 27 AM '91 02 | TT. | | |
| Dated _ | 08/22/ | Signature of a member | Ty | entative of a member |)A | 2 | | | |
| | | 1 Jon | / t \ | + gren | | | | | |

Page 2 of 2

Filing Fee: \$25.00