113000011945

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TO:

Registration Section

Division of Corporations ATLANTIC FEEDER SERVICES (USA), LLC SUBJECT: 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: Mabel Fuentes Name of Person ATLANTIC FEEDER SERVICES (USA), LLC Firm/Company 3323 NE 163RD STREET, SUITE 403 Address NORTH MIAMI BEACH, FL 33160 City/State and Zip Code m.fuentes@afsusa.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 882-9645 305 Mabel Fuentes Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC FEEDER SERVICES (USA), LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
the Articles of Organization for this Limited Liability Comparida document number <u>L13000011945</u> .	any were filed on 1/23/2013	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	ciability Company," the designation "LLC" o	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	
		ι (Ā) 11
		30
inter new mailing address, if applicable:		1
••		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, enter th	e name of the new registe
gent and/or the new registered office address here.		
Name of New Registered Agent:		-
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Flori	
_ 	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	PEREZ, JACKELINE	3323 NE 163RD STREET, SUITE 403	□Add
		NORTH MIAMI BEACH, FL 33160	≣Remove
			□Change
		4	□ Add
			□Remove
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effective date is listed, the date must be specific and can	optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to	605,020
e: If the date inserted in this block does not meet ument's effective date on the Department of State	the applicable statutory filing requirements, this date will not be 's records.	listed a
cord specifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the earlier of: (h) The 90th day is	after th
s filed.		
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	ber or authorized representative of a member	

Typed or printed name of signee