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| (Re | equestor's Name) | |
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| PICK-UP | _ | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

APR 1 6 2014 T. BROWN

COVER LETTER

| то: | Registration Se | | | | |
|---------|-------------------------------|--|---|--|--|
| eun II | SEA | PORT USA, L | .LC | | |
| SUBJI | ECI: | | ited Liability Company | | |
| | | | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please | return all correspo | ndence concerning this matter | to the following: | | |
| - | | Larry L. Ada | nir, Esquire | | |
| | | | Name of Person | | |
| | | LARRY L. A | DAIR, P. A. | | |
| | | | Firm/Company | - | |
| | 9715 West Broward Blvd. # 303 | | | | |
| Address | | | | | |
| | | Plantation, F | Florida 33324 | | |
| | | | City/State and Zip Code | | |
| | | larry@lladairlaw. | COM to be used for future annual report notifi | cation) | |
| For fur | ther information of | oncerning this matter, please c | · | , | |
| Lar | ry L. Ada | air, Esq. | ₃₇ 954,600-32 | 266 | |
| | Name o | Person | Area Code Daytime | Telephone Number | |
| | | | | | |
| Enclos | ed is a check for the | e following amount: | | | |
| □ \$2: | 5.00 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

LARRY L. ADAIR, P. A. ATTORNEY AT LAW

9715 WEST BROWARD BOULEVARD SUITE NUMBER 303 PLANTATION, FLORIDA 33324

e-mail address: larry@lladairlaw.com

LARRY L. ADAIR MEMBER FLORIDA AND TEXAS BAR

(954) 978-1466 FAX: (954) 978-1468

April 5, 2014

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION REGISTRATION SECTION P. O. BOX 6327 TALLAHASSEE, FLORIDA 32314

RE:

Articles Of Amendment Of Articles Of Organization of SEA PORT USA, LLC, a Florida

limited liability company

Corporate Number

L13000040553

Gentlemen:

We enclose in connection with the above referenced matter:

- a. Form COVER LETTER to the Registration Section, Division of Corporations of this date;
- b. Original completed and executed ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SEA PORT USA, LLC, dated this date; and
- c. Our TRUST ACCOUNT CHECK payable to the Florida Department Of State Division of Corporations in the amount of \$30.00 representing the required Filing Fee and Certificate of Status Fee.

Should, of course, you have any questions regarding the enclosed, please feel free to contact the undesigned at (954) 600-3266; otherwise, thanking you for your continued courtesies and kind attention

in this matter, we remain

Very truly your

Larry L. Adam, Esquire

LLA:ch Enclosure

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

SEA PORT USA LLC

| ARTICLES OF | AMENDMENT |
|--|--|
| TO |) / Ex |
| ARTICLES OF O | RGANIZATION SAN A |
| 0 | F 486 81 50 |
| ~ | All As |
| | AMENDMENT O RGANIZATION F USA LLC Ty as it now appears on our records. |
| (Name of the Limited Liability Compar (A Florida Limited L | y as it now appears on our records.) |
| (************************************** | |
| The Articles of Organization for this Limited Liability Company | were filed on March 18, 2013 and assigned |
| Florida document number L13000040553 | _ |
| · · · · · · · · · · · · · · · · · · · | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| DEVARELAT | MPORTS, LLC |
| The new name must be distinguishable and end with the words "Limited Liabi | • |
| | my company, the designation BBC of the above-viation BBC. |
| 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) | |
| intuming underess mill DEATOST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered off | tion address on our records output the name of the name |
| registered agent and/or the new registered office address here | ice address on our records, enter the name of the new |
| | |
| Name of Nau Desistand Asset. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | . 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 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 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> Name Address Type of Action □ Add _____ □ Remove □ Add ☐ Remove __ 🗆 Add _____ □ Add _____ Remove □ Add _□ Remove

_□ Remove

| D. | If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Ε. | Effect The eff | tive date, if other than the date of filing: |
| | the da | te this document is filed by the Florida Department of State) |
| | Dated | April 5 2014 |
| | Dateu | |
| | | 1/10 Marcalo Wolfo Chicas Man |
| | | Signature of a member or authorized representative of a member |
| | | Ana Maria Varela Garcia, Managing Member |
| | | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00