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COVER LETTER

TO:		istration Sect ision of Corpo			
SUBJE	ECT.	SELMAR US	SA LLC		
SUBJ	ECI		Name of Lim	ited Liability Company	
The e	nclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	ereturn	all correspond	dence concerning this matter	to the following:	
			JONATHAN ASERRAF		
				Name of Person	
				Firm/Company	
			7950 NW 53RD STREET,	SUITE 337	
Address MIAMI, FLORIDA 33166					· · · · ·
			JA@OFFIXSOLUTIONS.C	City/State and Zip Code	
			=	to be used for future annual report n	otification)
For fu	rther ir	nformation con	cerning this matter, please ca	all:	
JONA	ATHAN	N ASERRAF		305 799-1576	
		Name of P	erson	Area Code Day	time Telephone Number
Enclo	sed is a	check for the	following amount:		
■ \$2	25.00 F	iling 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

SELMAR USA LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/17/2013	and assigned
Florida document number L13000056346		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Ditecnav LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		and a
(Principal office address MUST BE A STREET ADDRESS)		
		- 17
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered o		nter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u> .	
	Enter Florida street address	
	, Floric	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furthe	er agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if ot I an effective date is list	her than the date ted, the date must be sp	of filing:ecific and cannot be	prior to date of fili	ng or more than 90 days	optional) after filing.) Pursuant	to 605.0207
Note: If the date inso document's effective	erted in this block do	oes not meet the ap	oplicable statutor	y filing requirements	, this date will not b	e listed as
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ne record specific The 90th day a			t not an errec	tive time, at 12:	or a.m. on the e	ariier oi
Dated MARCH 1ST		2017	·			
	S KAMOS Signal					

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Typed or printed name of signee

Filing Fee: \$25.00