## L1300011AGA8

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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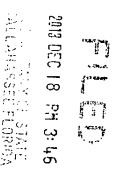
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DEC 1 9 2013



November 18, 2013

JUAN C BRICENO 10650 NW 29 TERRACE DORAL, FL 33172

SUBJECT: POSEIDON GROUP USA LLC

Ref. Number: L13000112628

We have received your document for POSEIDON GROUP USA LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 713A00026609-

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: POSE IDON Group USA 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:  |
| JUDN C. BricENO  Name of Person  |
| Firm/Company   |
| 10650 NW 29 TERNSCE  |
| Dorzol, Fl, 33172  City/State and Zip Code   |
| City/State and Zip Code  RAMILOTE @ POSE DON TUBELTE. COM  E-mail address: (to be used for future armual report notification)  |
| For further information concerning this matter, please call:   |
| JUDN Briceno at 305 812-5396 FB S Area Code & Daytime Telephone Number S 500 S |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$  Certificate of Status \$\times \text{Certified Copy} \text{(additional copy is enclosed)}\$\$  Certified Copy \text{(additional copy is enclosed)}\$\$  Certified Copy \text{(additional copy is enclosed)}\$\$  |

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

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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

| POSEIDON       |  |                                   |                       |              |
|----------------|--|-----------------------------------|-----------------------|--------------|
| (Name of the I | <u>imited Liability Com</u><br>(A Florida Limite | pany as it now<br>d Liability Com | appears on our record | <u>is.</u> ) |

The Articles of Organization for this Limited Liability Company were filed on 68 08 2013 and assigned Florida document number L13000112628.

This amendment is submitted to amend the following:

| A. If amending name, enter the new name of the limited liabil  | ity company here:  |
|--|--|
| The new name must be distinguishable and end with the words 'Limite 'L.L.C.'   | ed Liability Company," the designation "LLC" or the abbreviation   |
| Enter new principal offices address; if applicable:  (Principal office address MUST BE A STREET ADDRESS)   | 2250 NW 102 Place<br>Dorsl, +L, 33172  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 2250 NW 102 Place To The Donal, +1, 331+2 5  |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here  Name of New Registered Agent:   |  |
| New Registered Office Address: 2250  | NW 102 PLACE  Enter Florida street address   |
| Don  |  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent/as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.  Page 1 | te performance of his duries, and Lum familiar with and cavided for in Chapter 608, F.S. Or, if this document is produced for in Cha |

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:

MGR = Manager MGRM = Managing Member

| <u>Title</u>                            | <u>Name</u>                             |                | Address                  | Type of Action |
|---|---|----------------|--------------------------|----------------|
| 1927                                    | lopez lopez                             | Conlos Alberto | 10650 NW 29 TERR DOWL, F | 5,3317Z<br>Add |
|   |   |                |                          | Remove         |
|   |   | •              |                          | Add            |
|   |   |                |                          | Remove         |
|   |   |                |                          | Add            |
|   |   |                |                          | Remove         |
|   | *************************************** |                |                          | Add            |
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|   | ······                                  | <u></u>        | LUAHASSEE FI OR          | Addama         |
|   |   |                | FIOROA                   |                |
| *************************************** |   |                |                          | Add            |
|   |   | •              |                          | Remove         |

| .D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| Reclossification of SHORES   |
| Cancel Canlos Alberto lopez 50% and issue  |
| This 50% to Roberto Romilo   |
| Robento Ramilo owns 100% of the shares   |
|  |
| Dated 10/30/2013 '/ /  |
| ( )mule  |
| Signature of a member or authorized representative of a member   |
| RAMILO PODERTO   |
| Typed or printed name of signee  |
| Page 3 of 3  |
| / Filing Fee: \$25.00  |

2019 DEC 18 PM 3: 46