

L13000148895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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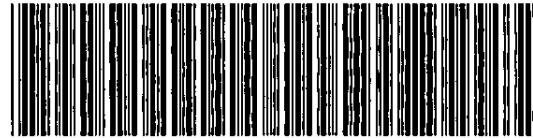
(Business Entity Name)

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S. YOUNG



**Luis E. Diaz & Associates, P.A.**  
Attorney and Counselors at Law

1529 S.W. 1st Street  
Miami, Florida 33135

Telephone: (305) 642-0078  
Facsimile: (305) 646-2452

October 10, 2014

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Articles of Amendment to Articles of Organization  
of Sesan Investments USA, LLC**

Dear Sir or Madam:

Enclosed please find an original and 1 copy of the Articles of Amendment to the Articles of Organization for Sesan Investments USA, LLC.

Enclosed herewith is a check for \$25.00 payable to the Florida Department of State for the amendment. Please file same and submit to us a stamped copy in the attached pre-stamped, self-addressed envelope.

If you have any questions, please do not hesitate to call me at (305) 642-0078.

Sincerely,  
*Luis E. Diaz*  
Luis E. Diaz, Esq.

Enclosures

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14 OCT 20 PM 2:31  
SECRET  
TALLAHASSEE, FL 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SESAN INVESTMENTS 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:

LUIS E. DIAZ, ESQ.

Name of Person

LUIS E. DIAZ & ASSOCIATES P.A.

Firm/Company

1529 S.W. 1ST STREET

Address

MIAMI, FLORIDA 33135

City/State and Zip Code

LUISEDIAZLAW@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS E. DIAZ, ESQ.

Name of Person

at (305)

Area Code

642-0078

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
14 OCT 20 PM 2:31  
SECRET  
TALLAHASSEE, FL

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

SESAN INVESTMENTS USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/22/2013 and assigned Florida document number L13000148895

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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**

**MGR = Manager**  
**AMBR = Authorized Member**

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14 OCT 2012  
Add ☐ Remove ☐

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 8, 2011

x Maria P. Longo  
Signature of a member or authorized representative of a member  
MARIA I. LONGO  
Typed or printed name of signer

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14 OCT 20 2:31  
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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED