

L14 000044511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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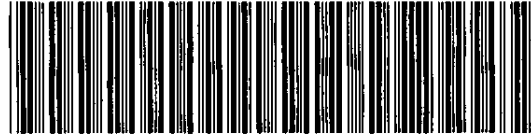
(Business Entity Name)

(Document Number)

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STATE OF TEXAS  
DEPARTMENT OF STATE

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMIMAR REAL ESTATE 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:

**MARIA M. AMICONE**

Name of Person

**EMIMAR REAL ESTATE LLC**

Firm/Company

**4555 NW 99 AVE STE 203**

Address

**DORAL, FL 33178**

City/State and Zip Code

**CATELLEZ1@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**MARIA M AMICONE**

Name of Person

at **786 624-8506**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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

2014 AUG -5 PM 3:04  
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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

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

**FEMIMAR REAL ESTATE 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 FLORIDA and assigned Florida document number L14000044511.

This amendment is submitted to amend the following:

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

**TECHNICAL SHIPPING CO. LLC**

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)

3900 NW 79 AVE STE 324

MIAMI, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3900 NW 79 AVE STE 324

MIAMI, FL 33166

**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:

GUILLERMO BUSSALLEU PINILLOS

New Registered Office Address:

3900 NW 79 AVE STE 324

Enter Florida street address

MIAMI

City

Florida 33166

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA M AMICONE	4555 NW 99 AVE STE 203 DORAL, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GUILLERMO BUSSALLEU PINILLOS	3900 NW 79 AVE STE 324 MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CARLOS A CONSIGLIERE	3900 NW 79 AVE STE 324 MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SERGIO E MAZURE	3900 NW 79 AVE STE 324 MIAMI, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JUN 16 5:01 PM  
 3:01 PM

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

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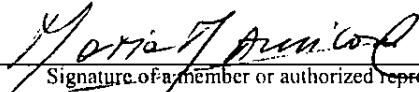
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E. Effective date, if other than the date of filing: 08/10/2014 (optional)

(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 JULIO 31, 2014



Signature of a member or authorized representative of a member

**MARIA M AMICONE**

Typed or printed name of signee

2014 AUG -5 PM 3:04  
SECRETARY OF STATE  
ALLIANCE FL 1101