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Accounting Guide & Fax

305 826 1711

5/3/2014

# L14000082524

## Florida Department of State

### Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FERNANDO JIMENO

Account Number : 074553003252

Phone : (305) 826-1711

Fax Number : (305) 826-1738

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SEA EAGLE MARINE EXPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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T. HAMPTON

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

**SEA EAGLE MARINE EXPORT, 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 MAY 21, 2014 and assigned  
Florida document number L14000082524.

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

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**H14000129557 3**

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>
AMBR	ALBINO GARCIA DIETRICH	13444 SW 257TH TERRACE	<input type="checkbox"/> Add
		HOMESTEAD, FL 33032 US	<input checked="" type="checkbox"/> Remove
AMBR	ANA P MARCHESI SILVA	13444 SW 157TH TERRACE	<input type="checkbox"/> Add
		HOMESTEAD, FL 33032 US	<input checked="" type="checkbox"/> Remove
AMBR	ALBINO GARCIA DIETRICH	6135 NW 167TH STREET, UNIT E-8	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33015	<input type="checkbox"/> Remove
AMBR	ANA P MARCHESI SILVA	6135 NW 167TH STREET, UNIT E-8	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 JUNE 3, 2014

  
Signature of a member or authorized representative of a member

ALBINO D. GARCIA

Typed or printed name of signer

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