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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

PH 2: 15

From:

Email Address:

Account Name : VARGAS, PIEDRA & CO.

Account Number : I20070000148 Phone : (305)671-0003

Fax Number : (305)671-6263

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OCTOPUS MARITIME SERVICE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>101 0 1 2015</u>

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Change
			□ Add
			Remove
		-	☐ Change
			□ Add
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			□ Remove
			☐ Change
			Add
			□ Remove
			Change

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCTOPUS MARITIME SERVICE,	
(Name of the Limited Liabili (A Florid	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability C	mpany were filed on AUGUST 25, 2015 and assigned
Florida document number L14000133074	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ed liability company here:
OCTOPUS MARITIME SERVICES, LLC	
The new name must be distinguishable and contain the words "Lim	ad Limbility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9100 SOUTH DADELAND BLVD
(Principal office address MUST BE A STREET ADD)	SS) STE 912
-	MIAMI, FLORIDA 33156 三帝 と コ
Enter new mailing address, if applicable:	9100 SOUTH DADELAND BLVD
(Mailing address MAY BE A POST OFFICE BOX)	STE 912
	MIAMI, FLORIDA 33156
	5m ±
B. If amending the registered agent and/or registered agent and/or the new registered office add	red office address on our records, enter the name of the noss here:
Name of New Registered Agent: PIEDI	& COMPANY CPA PA
New Registered Office Address: 9100	DUTH DADELAND BLVD STE 912
	Enter Florida street address
MIAN	, Florida ³³¹⁵⁶
	City Zip Code

If Changing Registered Agent, Signature of New 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 though limited liability

emending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
, , , , , , , , , , , , , , , , , , , 	
<u> </u>	
	
4	
<u>te:</u> If the date inserted i	han the date of filing:
difference date	The Department of State's records.
record specifies a c he 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the record is filed.
ed	
	Signature of a member or authorized representative of a member
	1**
	EUFRACIO GELVES/MGRM Typed or printed name of signee

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Filing Fee: \$25.00