

L14002172156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

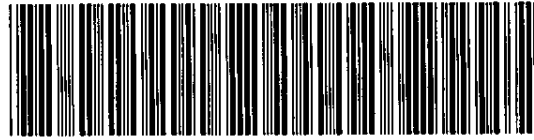
(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 DEC 12 AM 11:24  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

DEC 15 2014  
S. YOUNG

FILED  
14 DEC 12 PM 12:10  
SECRETARY OF STATE  
FALL ARIZONA



December 12, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9375018 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

MIAMI MARITIME HOLDINGS LLC (FL)  
Amendment  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIAMI MARITIME HOLDINGS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY M. WEIGAND, ESQ.

Name of Person

DLA PIPER LLP (US)

Firm/Company

200 SOUTH BISCAYNE BLVD., SUITE 2500

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

ADRIANA.TEJEDA@DLAPIPER.COM

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GREGORY M. WEIGAND, ESQ.

305

423-8500

Name of Person

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

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

**MIAMI MARITIME HOLDINGS 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 11/04/2014 and assigned  
Florida document number L14000172156.

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)

5562 NW 112TH COURT

DORAL, FL 33178

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

*[Handwritten mark]*

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          | NEW WORLD REAL ESTATE SERVICES LTD | SUITE 200B, 2ND FLOOR, CENTRE OF COMMERCE      | <input type="checkbox"/> Add               |
|              |                                    | ONE BAY STREET P.O. BOX N-3944 NASSAU, BAHAMAS | <input checked="" type="checkbox"/> Remove |
| MGR          | ROGERIO DE LAURENZIO               | C/O DLA PIPER LLP (US), ATTN: M. SILVA         | <input checked="" type="checkbox"/> Add    |
|              |                                    | 200 S. BISCAYNE BLVD., SUITE 2500              | <input type="checkbox"/> Remove            |
|              |                                    | MIAMI, FLORIDA 33131                           |                                            |
|              |                                    |                                                | <input type="checkbox"/> Add               |
|              |                                    |                                                | <input type="checkbox"/> Remove            |
|              |                                    |                                                | <input type="checkbox"/> Add               |
|              |                                    |                                                | <input type="checkbox"/> Remove            |
|              |                                    |                                                | <input type="checkbox"/> Add               |
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|              |                                    |                                                | <input type="checkbox"/> Remove            |

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CLERK OF COURT  
JANET L. HARRIS

*[Handwritten mark]*

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

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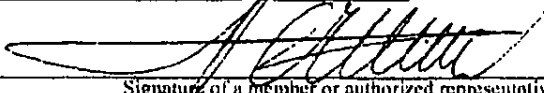
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida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

Dated DECEMBER 11 2014



Signature of a member or authorized representative of a member

ROGERIO DE LAURENZIO, MANAGER

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA