

2/15/2016

Division of Corporations

L15000207075

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:

Account Name : UNION HSA LLC
Account Number : I20150000070
Phone : (954)770-6227
Fax Number : (954)369-4446

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLUMNA BOATS U.S.A LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2016 FEB 15 A 9:55
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 15 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2016

Electronic Filing Menu

Corporate Filing Menu

Help **S MASON**

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

Columna Boats U.S.A 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 12/14/15 and assigned
Florida document number L15000207075.

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 contain 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

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

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AR	CRP Industria E Comercio Eireli	Av. Prestes Maia 461 - Centro	<input type="checkbox"/> Add
		Diadema, SP 09930-270 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Amadeu Fantini	7901 N.W. 67th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 13th, 2016

Joao Victor Eduardo Colonna
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

João Victor Eduardo Columna

Typed or printed name of signee

Filing Fee: \$25.00

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