8/13/2019

Division of Corporations



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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| Note: DO NOT hit the REFRESH/RELOAD button on your browser | from this p | page, |
|--|-------------|-------|
| Doing so will generate another cover sheet. | : | = |
| DOING SO WILL BEHALING COUNTY CONTINUES | | |

To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone : (305)444-4977

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN P.L INTERNATIONAL MARINE GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

T GLASS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| P.L INTERNATIONAL MARINE | | | |
|--|---|--|---------------------|
| (Name of the Limi | ed Liability Company as it now a (A Florida Limited Liability Comp | appears on our records.) pany) | |
| The Articles of Organization for this Limited L | iability Company were filed c | on <u>05/25/2016</u> | and assigned |
| Plorida document number L16000101379 | | | |
| his amendment is submitted to amond the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liability compa | ny here: | |
| The new name must be distinguishable and contain the t | vords "Limited Liability Company, | " the designation "LLC" or the abb | previation "L.L.C." |
| Enter new principal offices address, if appli | able: | · | |
| Principal office address MUST BE A STREI | | . • | |
| | | | · |
| | | : · | |
| Inter new mailing address, if applicable: | | •• | . a 而言 |
| | P/(V) | | 7 2 0 |
| Mailing address MAY BE A POST OFFICE | <u> </u> | | |
| | | <u> </u> | . 😯 |
| 3. If amending the registered agent and egistered agent and/or the new registered of | or registered office addre ffice address here: IDANIA RAVELO | ess on our records, <u>enter</u> | the name of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 19041 NW 90TH CT | —————————————————————————————————————— | |
| <u>—</u> | Επ | ter Florida street address | _ |
| | HIALEAH | Florida ³³⁰ | 018 |
| | 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.

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 | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|---------------|-------------------|----------------|
| | IDANIA RAVELO | 18411 NW 89 CT | |
| P | | | Add |
| | | HLALEAH, FL 33018 | |
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| | | | |
| | | | ☐ Change |
| | MANUEL LIO | 19041 NW 90TH CT | |
| VP | | | |
| | | HIALEAH, FL 33018 | |
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| | JULIO PEREZ | 19041 NW 90TH CT | 2019AUG |
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| Effective date, if other than the date of filing: Describe date, if other than the date of filing: One of the effective date is listed, the date must be specific and canado be pilor to day of filing or more than 90 days after filing.) Pursuant to 605 0701 Note: If the date inserted in this block does not meet fine applicable startory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filled. Duted \$12 2019 Duted \$12 2019 Duted \$13 2019 | | | | |
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| | MANUEL LIO | Typed or printed name of signee | | |