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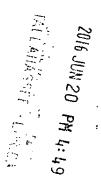
(Re	equestor's Name)				
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Special Instructions to Filing Officer.					





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COVER LETTER ·

	TO:		istration Sec sion of Cor				
	Titan Marine Procurement USA LLC SUBJECT:						
	Name of Limited Liabi						Company
	Dear Sir	or M	ladam:				
	The enclosed Statement of Correction and fee(s) are submitted for filing.						
	Please return all correspondence concerning this matter to the following:						
	Antony	у Но	olloway				
				Name of Person			
}	Shorta	iin	NIA				
•				Firm/Company		-	
	6574 I	NS.	TATE RE	7 #187			
Address							
	COCONUT CREEK, FL 33073						
			С	ity/State and Zip Code	***	•	
	tony@)she	eltamacc	ounting.com			
	E-1	mail	address: (to	be used for future annual i	eport notification)	-	
	For furth	ner in	formation o	concerning this matter, plea	se call:		
Antony Holloway			954 at (85	579165		
	Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Area Code	-/	Daytime Telephone Number		
				Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
	Enclose	d is	a check for	the following amount:			
	\$25	Filin	g Fee	S30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	&	S60 Filing Fee, Certificate of Status & Certified Copy
	CDOENA	52 (0	/15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRST	it to sect : The na	Titar of the limited liability company is:	Marine Procurement L	JSA LLC				
SECON THIRE	<u>ND:</u>	The Florida Document number of the limit Document to be corrected is:	L16	000105300				
	<u>((</u>	CHECK THE APPROPRIATE BOX ANI	COMPLETE THE APPL	ICABLE STATEMENT				
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:							
	The N	The Managers Name was erroneously recorded as JEAN-MICHEL, ANDRé M						
	It sho	uld be:First Name: Jean-Michel	Second name: André	Last Name : Mocelin				
	OR Was do as folio	efectively signed. The manner in which the ows:	document was defectively sig	and the appropriate correction are				
		ectronic transmission of the record was defect	ctive.	Dm w				
		Aldoway		111/2016				
New R I hereb provisi obligat reflect	ng the d egistered y accept ons of a	Signature of Authorized Representative we registered agent, if applicable: (NOTE: if esignation). A Agent's Signature, if changing Registered the appointment as registered agent and agent as the statutes relative to the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper and completely position as registered agent as provided the proper agent age	correcting the registered age Agent: ree to act in this capacity. I file to performance of my duties, a for in Chapter 605, F.S. Or, is	Date nt, the new registered agent must sign wrther agree to comply with the and I am familiar with and accept the f this document is being filed to merely				
		Register	ed Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (option	al)				