

L16000113829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

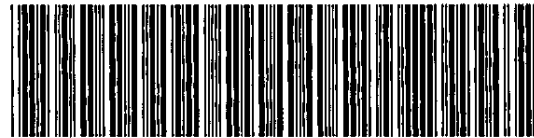
(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC 27 P 12:44
SECRETARY OF STATE
TAMMOCSEI, FLORIDA

FILED

S Warren

DEC 28 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2016

ROBERTO GONZALEZ
3211 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134

SUBJECT: SOUTH MARINE TRADING LLC
Ref. Number: L16000113829

We have received your document for SOUTH MARINE TRADING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 016A00026365

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH MARINE TRADING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTO GONZALEZ

Name of Person

GONZALEZ & PARTNERS CPAS LLC

Firm/Company

3211 PONCE DE LEON BLVD. STE 200

Address

CORAL GABLES, FL 33134

City/State and Zip Code

rgonzalez@rgcpa.net

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

For further information concerning this matter, please call:

ROBERTO GONZALEZ

305 447-8886
at ()

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**

SOUTH MARINE TRADING 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 JUNE 13, 2016 and assigned
Florida document number L16000113829.

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:

1825 PONCE DE LEON BLVD.

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

3211 PONCE DE LEON BLVD. STE 200-B

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

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:

ROBERTO GONZALEZ

New Registered Office Address:

3211 PONCE DE LEON BLVD. STE 200

Enter Florida street address

CORAL GABLES

City

, Florida 33134

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

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TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	GUILLERMO W DE MARTIS	3211 PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		STE 200-B	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	FEDERICO DE MARTIS	3211 PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		STE 200-B	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	RAFAEL DE MARTIS	3211 PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		STE 200-B	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGR	JACQUES M. KERKVOORDE	312 S. MIRALETE DRIVE	<input checked="" type="checkbox"/> Add
		UNIT 100	<input type="checkbox"/> Remove
		SAN PEDRO, CA 90732	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 111 ALIASEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

GUILLERMO W DE MARTIS / AMBR

Typed or printed name of signee

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TALLAHASSEE, FLORIDA