

216000 145065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

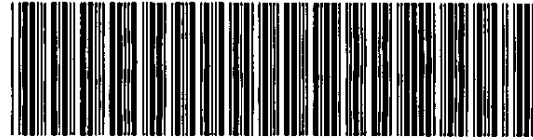
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400289980414

09/12/16--01031--019 \*\*25.00

FILED  
16 SEP 12 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LYNXUS SHIPPING 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:

MARTTI KALKAS

\_\_\_\_\_  
Name of Person

KALKAS BUSINESS SERVICES

\_\_\_\_\_  
Firm/Company

245 SE 1 ST SUITE 225

\_\_\_\_\_  
Address

MIAMI, FL. 33131

\_\_\_\_\_  
City/State and Zip Code

MJKALKAS@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MARTTI KALKAS

305 5779716  
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

FILED  
16 SEP 12 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LYNXUS SHIPPING LLC

Page 1 of 3

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>
MGR	ANDRE JACOBVITZ	1550 BREAKWATER TERRACE	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LYNXUS INC	4302 HOLLYWOOD BLVD	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
16 SEP 12 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 14 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SEP 12 PM 2:17  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT  
16

(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.

Dated SEPTEMBER 8, 2016

Signature of a member or authorized representative of a member

JUAN ZAMORA

Typed or printed name of signee