

L16000159885

(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



600320112196

10/29/18--01020--020 **25.00

FILED
18 OCT 29 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL VORISEK

NOV 14 2018



October 26, 2018

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: PSV CHARTERING, LLC
Our File No. 1200.346

Dear Sir/Madam:


Enclosed herein are original Articles of Amendment to Articles of Organization for the above captioned limited liability company. We enclose a check to cover the following costs.

Filing Fee for Amendment of Limited Liability Company \$25.00

Please return, to the undersigned, your recording date acknowledging the filing of the enclosed.

Very truly yours,

DUARTE LAW FIRM

By: 
Cory Muller, Paralegal
on behalf of Eugenio Duarte, Esq.

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

PSV HOLDINGS, 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 8/26/16 and assigned
Florida document number L16000159885.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PSV CHARTERING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PHILLIPE COLES	999 PONCE DE LEON BLVD.,	<input type="checkbox"/> Add
		SUITE 650	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	SERGE GEORGES COLES	999 PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		SUITE 650	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	SPICA CONSULTING, LLC	999 PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		SUITE 650	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	STEPHAN R. COLES	999 PONCE DE LEON BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 650	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is for amendments. A diagonal line is drawn across the space.)

E. Effective date, if other than the date of filing: _____ **(optional)**


(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)

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.

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 OCTOBER 24 2018

X



Signature of a member or authorized representative of a member

STEPHAN R. COLES

Typed or printed name of signee