

4600021188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

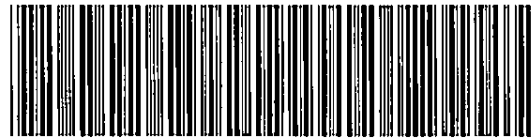
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 OCT 23 PM 3:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

OCT 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

SMART SAILING SOLUTIONS LLC
LUIS O ALFONSO
1600 NW NORTH RIVER DR. #406
MIAMI, FL 33125

SUBJECT: SMART SAILING SOLUTIONS, LLC
Ref. Number: L16000211825

We have received your document for SMART SAILING SOLUTIONS, 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, but your entity is a 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 317A00014223

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SMART SAILING SOLUTIONS 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:

LUIS O. ALFONSO

Name of Person

SMART SAILING SOLUTIONS LLC

Firm/Company

1600 NW NORTH RIVER DR APT 406

Address

MIAMI FL 33125

City/State and Zip Code

JANETMAS@MAQUITRAVEL.COM

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

For further information concerning this matter, please call:

DENNIS SORIANO CRUZ

305

8336176

Name of Person

at (

_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2017 OCT 24 AM 11:02

KS

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

SMART SAILING SOLUTIONS 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 11/18/2016 and assigned
Florida document number L16000211825.

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:

(Principal office address MUST BE A STREET ADDRESS)

1600 NW NORTH RIVER DR APT 408

MIAMI FL 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1600 NW NORTH RIVER DR APT 408

MIAMI FL 33125

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: DENNIS SORIANO CRUZ

New Registered Office Address: 1600 NW NORTH RIVER DR APT 408

Enter Florida street address

MIAMI

City

Florida 33125

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

FILED
OCT 23 PM 3:00
CLERK OF DISTRICT COURT
TALLAHASSEE
FLORIDA

MGR = Manager
AMBR = Authorized Member

FILED
17 OCT 23 PM 3:30
CLERK OF DISTRICT COURT
FALLS CHURCH, VIRGINIA
Change
Remove
Change

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

F. 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 10/18/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 OCT 23 PM 3:00
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
FALL LASSER, FLORIDA