

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H17000054888 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000054888 3)))



H170000548883ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : SOMERSET CORPORATE SERVICES
 Account Number : I20160000077
 Phone : (305)602-0397
 Fax Number : (786)513-2618

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: miralriguez@agularfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 BALTIC WORKBOATS US, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
 2017 FEB 27 PM 1:03
 TALLAHASSEE, FLORIDA

FILED
 17 FEB 27 AM 8:54

H17000054888 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALTIC WORKBOATS US, 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 02/15/2017 and assigned Florida document number L17000036829

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)

Blank lines for entering principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for entering mailing address.

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:

Blank line for entering name of new registered agent.

New Registered Office Address:

Blank line for entering new registered office address.

Enter Florida street address

Blank line for entering city and state.

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

FILED 17 FEB 27 AM 3:45

H17000054888 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	Marten Vaikmaa	I Alhambra Plaza Suite 1410	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 FEB 27 AM 6:55

FILED

H17000054888 3

H17000054888 3

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

Multiple horizontal lines for amending information.

FILED 17 FEB 27 AM 8:55

02/08/2017

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 02.22.2017

Handwritten signature of Margus Vancarelja

Signature of a member or authorized representative of a member

Margus Vancarelja

Typed or printed name of signer

H17000054888 3

To: Octavia I. Simmons Page 2 of 6
850-617-6381

2017-02-27 17:34:17 (GMT)
2/23/2017 11:49:43 AM PAGE 1/001 Fax Server

From: Carlos Aguilar



February 23, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BALTIC WORKBOATS US, LLC
1 ALHAMBRA PLAZA
SUITE 1410
CORAL GABLES, FL 33134US

SUBJECT: BALTIC WORKBOATS US, LLC
REF: L17000036829

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct name on cover sheet to match the name on the Articles of Amendment.

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

Octavia I Simmons
Regulatory Specialist II
Registration Section

FAX Aud. #: H17000050667
Letter Number: 717A00003545