

L18 0000 63197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

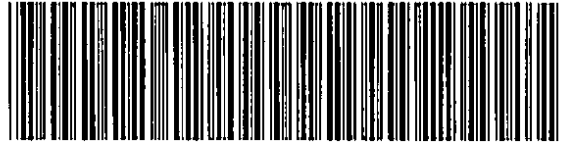
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/20--01024--004 **25.00

FILED
2020 MAR 23 PM 2:43

Amend

APR 06 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STARBOARD VENTURES USA 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:

SHAO MAI

Name of Person

Firm/Company

4100 TOWN CENTER BLVD

Address

ORLANDO, FL 32837

City/State and Zip Code

SHAO7710@AOL.COM

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

For further information concerning this matter, please call:

SHAO MAI

407

970-6798

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

STARBOARD VENTURES USA LLC

(Name of the Limited Liability Company as it now appears on our records;
i.e. Florida Limited Liability Company)

FILED
2020 MAR 23 PM 2:13
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS, TEXAS

The Articles of Organization for this Limited Liability Company were filed on 03/12/2018 and assigned
Florida document number L18000063197

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:

718 N. VERMONT AVE.

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND, FL 33801

Enter new mailing address, if applicable:

4100 TOWN CENTER BLVD

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32837

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:

SHAO MAI

New Registered Office Address:

4100 TOWN CENTER BLVD

Enter Florida street address

ORLANDO


City

Florida 32837

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>
MGR	THIAGO BRANCO	1839 NATCHEZ TRACE BLVD.	<input type="checkbox"/> Add
		ORLANDO, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAUDIO STILIANO	AVE. EXP. JOSE BARCA 220	<input checked="" type="checkbox"/> Add
		RODEIO-MOGI DAS CRUZES- SP	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 3/20/00 .

Signature of a member or authorized representative of a member

Desiree Sanchez, Attorney for Renato Nogueira
Typed or printed name of signer