LK000126360

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

	Registration Division of	n Section Corporations		
cup icz		AIL INTERNATIONAL, LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
		s of Amendment and fee(s) are sub		
· realize re		DANIEL REYES	www.	
			Name of Person	
		SET SAIL INTERNATIO	NAL, LLC	
			Firm/Company	
		3105 NW 107TH AVE S	UITE 400	
			Address	
		DORAL, FL 33172		
		R.DANIEL@SETSAILIN	City/State and Zip Code	
			to be used for future annual report notific	cation)
For furth	er informati	on concerning this matter, please c	all:	
DANIEL REYES			786 4439753 at ()	Telephone Number
	Na	me of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check (for the following amount:		
□ \$25.	00 Filing Fe	e ■ \$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:

TO:

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SET SAIL INTERNATIONAL, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000126360</u> .	were filed on MAY 21TH, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	3105 NW 107TH AVE SUITE 400	≠ 9
(Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33172	
Enter new mailing address, if applicable:	3105 NW 107TH AVE SUITE 400	9 PH
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33175	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		he name of the nev
	City	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>	Address	Type of Action
			Remove
			Change
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n effective date is listed, the date must be specific and https://dec.up.edu.org/ref If the date inserted in this block does not m	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the applicable statutory filing requirements, this date will not be	605.02 listed :
cument's effective date on the Department of Si	tate's records.	
record specifies a delayed effective d The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the ea	arlier
ited,	·	

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Typed or printed name of signee

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