L18000151972

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Entry News)
(Document Number)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SEATRADE AVI.	ATION LLC	<u>.</u>		
DOCUMENT NUMB	ER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ENRIQUE J. PEREZ				
•		Name of Contact Person	1		
	SEATRADE AVIATION LLC				
-		Firm/ Company			
	7950 NW 53 ST STE 209				
-		Address			
	MIAMI, FL 33166				
-		City/ State and Zip Code	•		
enriqu	reperez@seatradefinancial.co	om			
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
ENRIQUE J. PEREZ		at (6241302		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301



November 7, 2018

ENRIQUE J PEREZ SEATRADE AVIATION LLC 7950 NW 53 ST., STE 209 MIAMI, FL 33166

SUBJECT: SEATRADE AVIATION LLC

Ref. Number: L18000151972

We have received your document for SEATRADE AVIATION 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 Limited Liability Company. 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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 218A00023010

RECEIVED MISSES SERVED SECRETARY 16 PM IZ: 51

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC

VOITATVA

(Name of the Limited Liability Comp	pany as it now appears o	n our records.)	
(A Florida Limited	а Енарину Сотрану)		5 %
The Articles of Organization for this Limited Liability Compan	ny were filed on	56/20/2018	and assigned
Florida document number <u>L</u> 18000151972			the abbreviation "L.L.C." nter the name of the new
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here	;:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered		our records, enter t	he name of the nev
registered agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
	mend the following: new name of the limited liability company here: and contain the words "Limited Liability Company," the designation ress, if applicable: BE A STREET ADDRESS) pplicable: ST OFFICE BOX) d agent and/or registered office address on our registered office address here: d Agent:	, Florida	Zıp Code
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SFATRADE

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>	Name	Address	Type of Action
MGR	GALARZA, NICOLAS	100 SW 110 AVE	
		MIAMI, FL 33174	■ Remove
			☐ Change
			Add
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n effe <u>ste:</u> .	ye date, if other than the date of filing:)207 1 as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.	г О1
ted_	November 12 2018	
	Signature of a member or authorized representative of a member	
•	Enrique S Cored Typed or pripled name of signee	
	Ci - Ca L Cana L	

Page 3 of 3

Filing Fee: \$25.00