

L 19 0000 42470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

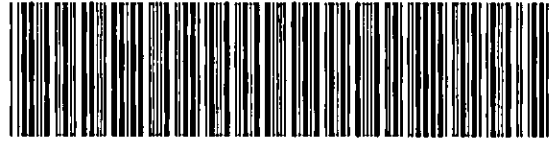
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/19--01022--027 **25.00

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2019 APR 29 P 1:25

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MAY 09 2019
T. LEMELUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALOMON OCEANS Group 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:

Eugene Excaliber
Name of Person

SALOMON OCEANS Group LLC
Firm/Company

7853 S.W. 160 AVE
Address

MIAMI FL 33143
City/State and Zip Code

EXCAL2438 @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugene Excaliber at (786) 217-4785
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SALOMON OCEANS GROUP 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 2/12/2019 and assigned Florida document number L190 000 424 70.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CHRISTIAN ROBERTO SALOMON

New Registered Office Address:

7853 SW 80160 AVE

Enter Florida street address

MIAMI

City

Florida

33193

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	CHRISTIAN Roberto		<input type="checkbox"/> Add
	SALOMON-HANUAL		<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PRESIDENT CHRISTIAN R. SALOMON	(7853 SW 160 AVE) MIA FL 33193	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eugenio Excaliber	(7853 SW 160 Ave) MIA FL 33193	<input checked="" 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

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

1) We are adding CHRISTIAN R. SALOMON
to the company as a ~~MANAGER~~ President
of the company with 90% Shares and AS
THE REGISTERED AGENT

2) We are changing EUGENIO EXCALIBUR
from R/Agent to now MANAGER with
10% Shares

3) We would like to add our EIN ⁸³⁻⁴²⁷⁻⁴⁹⁵³⁰⁰
to the FORMAL RECORDS ₈₃₋₄₂₇₋₄₉₋₅₃₋₀₀

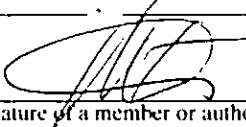
E. Effective date, if other than the date of filing: 04/23/2019 (optional)

(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 4/23/2019


Signature of a member or authorized representative of a member

Eugenio Excalibur
Typed or printed name of signee