

L19000 042 470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

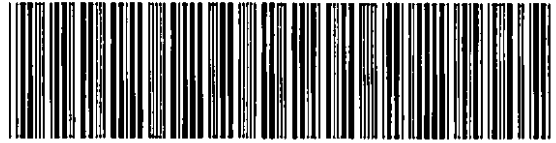
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/16/20--01019--011 \*\*55.00

FILED  
CLERK OF COURT  
CLERK OF COURT  
20 APR 16 AM 9:01

*Amend*

APR 29 2020

D CUSHING

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Salomon Ocean 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 E Excaliber

Name of Person

Salomon Ocean Group LLC

Firm/Company

7853 SW 160 Ave

Address

Miami FLORIDA 33193

City/State and Zip Code

salomonoceangroup@yahoo.com

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

For further information concerning this matter, please call:

Eugene Excaliber

Name of Person

at (786) 217-4785

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

2015 SEP 16 AM 9:01

FILED  
IN STATE  
CORPORATION

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

Salomon Ocean 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 02/12/2019 and assigned  
Florida document number L 19000042470

04/29/2019

FILED  
CLERK OF CIRCUIT COURT  
JAN 9 11 AM '19  
MIAMI

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)

7853 SW 160 AVE  
MIAMI FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7853 SW 160 AVE  
MIAMI FL 33193

**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:

EUGENE E. EXCALIBUR

New Registered Office Address:

7853 SW 160 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>
President	Eugene E. Excaliber	7853 SW 160 Ave. MIAMI FL 33193	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	CHRISTIAN R SALMON	14790 N. Kendall Dr MIAMI FL 33196	<input type="checkbox"/> Add
			<input checked="" 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.)

NOW Registered

Agent = Eugene Escalante

~~Remove -~~

→ CHRISTIAN R. SALOMON

SAME FEI/EIN #

83-4274953

E. Effective date, if other than the date of filing: 03/30/2020 (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 03/31/2020

CHRISTIAN R. SALOMON  
Signature of a member or authorized representative of a member

Christian R. Salomon  
Typed or printed name of signer