

L200000 24928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

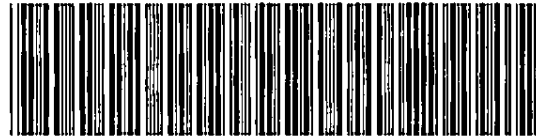
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2/3

Office Use Only

Lele 3-



600344870526

05/21/20--01017--021 \*\*61.25

FILED  
2021 FEB -3 A 8:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

LLC  
Amend.

02/26/21

DC

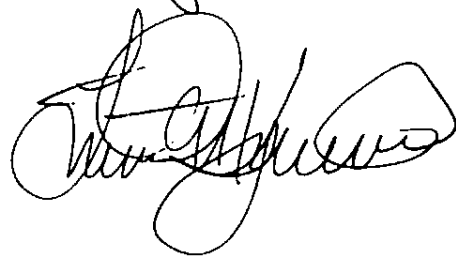
Dear Sir or Madam,

Please be advise as of March 2020 I have sent  
All Requested FORMS/documents with money orders  
ENClosed please find All Correspondance via EMAILS AND  
postal service. I have complited Required State FORMS  
FOR change/update/removal of partnership/Agent.  
Unfortunately I'm not sure to why there is still hold up?  
Kindly, please Review All and if there is more  
money orders or checks I need to send, please let  
me know.

NOTE: First FORMS After this letter are request  
for change, Remaining of all doc's & EMAILS are  
proff for your use. Thank you!!

Svetlana Kojic  
President

Nawsail Marine, LLC  
7512 Dr Phillips Blvd 50-601  
Orlando, FL 32819  
407-480-0833  
nawsailmarine@gmail.com



1/26/2021

## COVER LETTER

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

SUBJECT: NAVSAIL MARINE, 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:

SVETLANA KOJIC

Name of Person

NAVSAIL MARINE, LLC

Firm/Company

7512 DR. PHILLIPS BLVD , SUITE 50-601

Address

ORLANDO, FL 32819

City/State and Zip Code

NAVSAILMARINE@GMAIL.COM

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

For further information concerning this matter, please call:

SVETLANA KOJIC

407

480-0833

at ( )

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 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**

NAVSAIL MARINE, 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 01/17/2020 and assigned  
Florida document number 1.20000024928

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)

FILED

2021 FEB -3 A 8:15  
CLERK OF CIRCUIT COURT  
JULIA A. COLETTA, CLERK  
CLERK OF CIRCUIT COURT

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: SVETLANA KOJIC

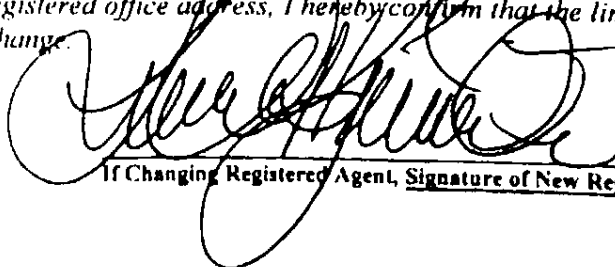
New Registered Office Address: 7512 DR. PHILLIPS BLVD SUITE 50-601

*Enter Florida street address*

ORLANDO, Florida 32819  
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

Title	Name	Address	Type of Action
MGR/ OWNER	SVETLANA KOJIC	7512 DR PHILLIPS BLVD ,SUITE 50-601	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	ISRAEL DAVID CACERES	7512 DR. PHILLIPS BLVD, SUITE 50-601	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change