

# L20000138611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

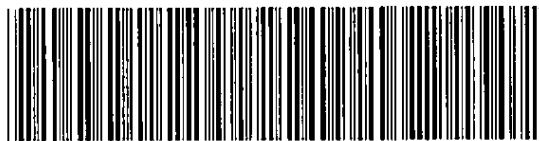
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600403170616

RECEIVED  
2023 MAR -7 AM 10:47  
STATE  
ALLAHABAD, FL

RECEIVED  
2023 MAR -7 PM 1:45  
ALLAHABAD, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from acct: 120210000160 AMOUNT: 25.00

AUTHORIZATION: *Jan Feller*

CONTAINER FLOW LLC L20000138611  
Business Name Doc. #

☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **LLLP**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTILLE

Country

**AMMENDMENTS**

☒ Amendment  
☐ Resignation  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Conversion  
☐ Amended and restated Articles  
☐ Statement of Correction

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONTAINER FLOW 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:

GABRIEL ACQUARONE  
Name of Person  
GAA KEY CONSULTING, LLC  
Firm/Company  
328 CRANDON BLVD., STE 119-308  
Address  
KEY BISCAVNE, FL 33149  
City/State and Zip Code  
GABRIEL@GAAKEY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIEL ACQUARONE  
Name of Person  
305 775-4073  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CONTAINER FLOW LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

2023 DEC -7 AM 10:47

STATE  
E. FL

The Articles of Organization for this Limited Liability Company were filed on MAY 21st, 2020 and assigned  
Florida document number L20000138611

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SILVERSEA USA, LLC

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021-10-7 AHID: 47  
STATE  
DE.FL

FILED  
MAR 1977  
FBI - TAMPA  
MAR 1977  
FBI - TAMPA

(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.

Dated MARCH 6TH, 2023

GUILLERMO PORTELA

Typed or printed name of signee