

**L21000298315**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: arod8723@gmail.com

24 JUN 14 PM 12:37

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARINE SOLUTIONS USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

JUN 14 2024

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MARINE SOLUTIONS USA 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 06/28/2021 and assigned Florida document number 121000298315.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4313 WILLOW RIDGE DR

WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4313 WILLOW RIDGE DR

WESTON, FL 33331

**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:

FRANCISCO PINTO

New Registered Office Address:

4313 WILLOW RIDGE DR

*Enter Florida street address*

WESTON

*City*

Florida

33331

*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.*

*FP Pinto*

**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>
AMBR	FRANCISCO PINTO	4313 WILLOW RIDGE DR WESTON, FL 33331	CHANGE
AMBR	OSCAR GIRALDO	4313 WILLOW RIDGE DR WESTON, FL 33331	ADD
AMBR	GRUPO COSTA DORADA	4313 WILLOW RIDGE DR WESTON, FL 33331	ADD

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

FRANCISCO PINTO	50%
OSCAR GIRALDO	30%
GRUPO COSTA DORADA	20%

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 June 13, 2024



\_\_\_\_\_  
Signature of a member or authorized representative of a member

FRANCISCO PINTO

\_\_\_\_\_  
Typed or printed name of signee

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