## L2200037533

| (Re                                     | equestor's Name) |             |  |  |
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| (Ad                                     | ldress)          |             |  |  |
|   | ·                |             |  |  |
| (Address)                               |                  |             |  |  |
|   |                  |             |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |
|   | WAIT             | MAIL        |  |  |
|   |                  |             |  |  |
| (Business Entity Name)                  |                  |             |  |  |
|   |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |
|   |                  |             |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   | -                |             |  |  |
|   |                  |             |  |  |
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| Office Use Only                         |                  |             |  |  |

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A. BUTLER

## **COVER LETTER**

| TO: | <b>Registration Section</b> |
|-----|-----------------------------|
|     | Division of Corporations    |

SEANIRGY LLC

SUBJECT:

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:

JUAN BERMUDEZ

1

Name of Person

BERDEZA LLC

Firm/Company

350 SOUTH MIAMI AVE, SUITE 1703

Address

MIAMI, FL 33130

City/State and Zip Code

juridica@masterfuel.co

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

For further information concerning this matter, please call:

JUAN BERMUDEZ 786 241-8647 \_\_\_\_\_\_\_\_\_at (\_\_\_\_\_) \_\_\_\_\_\_\_\_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)

<u>Mailing Address:</u> 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 If amentling Authorized Person(s) authorized to manage, enter the title. name, and address of each person being added or removed from our records:

## MGR = Manager

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AMBR = Authorized Member

•.

| <u>Title</u> | Name           | Address                  | Type of Action |
|--------------|----------------|--------------------------|----------------|
| AMBR         | GAREVA SAS     | KRA 50 1-21 ALBORNOZ     | 🖸 Add          |
|              |                | CARTAGENA, BO 13000-1 CO | ■Remove        |
|              |                |                          |                |
| AMBR         | DANKIE OZU LLC | 1395 BRICKELL AVENUE     | 🖬 Add          |
|              |                | SUITE 924                | <b>Re</b> move |
|              |                | MIAMI, FL 33131          |                |
|              |                |                          | 🗆 Add          |
|              |                |                          | 🗆 Remove       |
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