

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000133443

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000162690 3)))



H220001626903ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : R&P ACCOUNTING AND TAXES INC
 Account Number : 120170000090
 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: arod3723@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 GLOBAL SKI MARINE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 MAY -5 PM 12:16

APPROVED
 AND
 FILED
 2022 MAY -5 PM 2:40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL SKI 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 04/01/2022 and assigned Florida document number L22000133443

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)

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 _____

APPROVED AND FILED
MAY - 5 PM 2:40
STATE OF FLORIDA
SECRETARY OF STATE

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>
AMBR	JUAN CARLOS RINCON MORA	2900 NE 7TH AVE APT# 4102	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlos Arturo Rincon Diaz	2900 NE 7TH AVE APT# 4102	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<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

