

(850) 617-6383

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PRIME INCOME TAX AND ACCOUNTING LLC  
Account Number : I20210000201  
Phone : (561)409-3106  
Fax Number : (561)952-0315

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SC NAUTICAL USA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 AUG 24 AM 11:03

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AND  
FILED

2022 AUG 24 11:11:25

AUG 25 2022

K. Brumbley

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SC NAUTICAL USA 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:

RAFAELA VIEIRA

\_\_\_\_\_  
Name of Person

PRIME INCOMETAX AND ACCOUNTING LLC

\_\_\_\_\_  
Firm/Company

23269 STATE ROAD 7 SUITE 119

\_\_\_\_\_  
Address

BOCA RATON, FL 33428

\_\_\_\_\_  
City/State and Zip Code

PRIMEINCOMETAX1@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAELA VIEIRA

561

409-3106

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

(850) 617-6383

## REQUEST

08/10/2022

I, CLAUDIO ANTUNES, Manager Owner of the Company of the company: **SC NAUTICAL USA LLC**

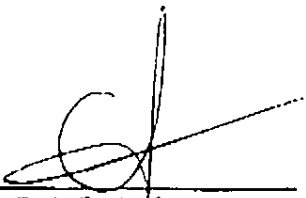
Which FEIN Number is 88-3279888

Business Address is: 9858 CLINT MOORE RD – UNIT C111-300 – BOCA RATON – FL-33496

Request, **PRIME INCOME TAX AND ACCOUNTING LLC**, ADD the "Partner" Mr. AUGUSTO OLIVEIRA NOVAES, together with competent bodies.

Aware and in agreement,

President /Partner, CLAUDIO Antunes

X   
\_\_\_\_\_  
Manager/Director/President/Partner

Date: 08/22/22

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SC NAUTICAL 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 07/14/2022 and assigned  
Florida document number 1.22000313666.

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

**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

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TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

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

PLEASE ADD AUGUSTO OLIVEIRA NOVAES IN MY COMPANY. THANK YOU

**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

August 08, 2022

Signature of a member or authorized representative of a member

CLAUDIO ANTUNES

Typed or printed name of signee

Filing Fee: \$25.00