3/13/24, 1:52 PM

Division of Corpor ons Electronic ote: 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.

(((H24000097891 3)))



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 : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076524003440 Phone : (305)444-6226 Fax Number : (305)442-4829

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

CHRIT HOGICSS:		Address:	mail
----------------	--	----------	------

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NASSAU CONSULTING LLC

Certificate of Status	0
Certified Copy	i
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help LEMIEUX MAR 13 2024 Registration Section

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Cor	porations		
SUBJ Ş CT:	NASSAU (CONSULTING LLC	₹,
วิดถา ค ์ตา:	Name of Limi	ed Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
r reast return an correspe	indence contenting this matter.	0 the 10110 - 111g.	
	LAURA KOHN		
		Name of Person	
	ARAZOZA & FERNAND	EZ-FRAGA P.A.	
		Firm/Company	
	2100 SALZEDO STREET.	SUITE 300	
		Address	
	CORAL GABLES, FL 331	34	
		City/State and Zip Code	
	LAURA@ARAZOZA.CO		<u> </u>
		o be used for future annual report notification)	
For further information c	oncerning this matter, please ca	ll:	
LAURA KOHN		305 444-6226 EXT 233	
Name o	î Person	at ()	ne Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ Certified Copy (auditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporatio	
P.O. Box 632	27	The Centre of Tallahas	see

H24000097891 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAS	SSAU CONSULTING LLC		
(Name of the Limited Liab (A Flor	illity Company as it now appear ida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	08/29/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>ere</u> ;	
CAVALIER SHIPPING LLC			
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			***************************************
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	red office address on our r e:	ecords, enter the na	2024 IAR 3 IA III
New Negligiona Office Madiesis.	Enter Flo	rida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Register			
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	nt and agree to act in this d complete performance of i agent as provided for in (ered office address, I here	f my duties, and Lar Chapter 605, F.S. C	n familiar with and Pr, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

Change

H24000097891 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			IRemove
			Change
			©Remove
			= Change
			
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			— ERemove

H24000097891 3

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	MARCH 12, 2024 (optional) flective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
he reco	and 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 filed.
Dated	MARCH 12, 2024
	x Al—
	Signature of a member for authorized representative of a member
	JAMES GODFREY LIGHTBOURN, SOLE MANAGER
	Typed or printed name of signes