

M14 0000007784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

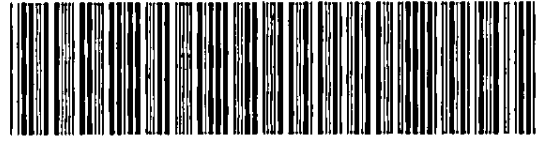
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/20/19--01008--001 **60.00

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Amend/CC
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NOV 05 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEN-MAR SHIPPING LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH SCHMITZ
Name of Person

EXPATCPA
Firm/Company

12378 SW 82 AVE
Address

MIAMI, FL 33156
City/State and Zip Code

JSCHMITZ@EXPATCPA.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH SCHMITZ at (305) 975-5798
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

Department has already received



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2019

JOSEPH SCHMITZ
EXPATCPA
12378 SW 82 AVE
MIAMI, FL 33156

SUBJECT: LEN-MAR SHIPPING LLC
Ref. Number: M14000007784

We have received your document for LEN-MAR SHIPPING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00022247



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2019

JOSEPH SCHMITZ
EXPATCPA
12378 SW 82ND AVE
MIAMI, FL 33156

SUBJECT: LEN-MAR SHIPPING LLC
Ref. Number: M14000007784

We have received your document for LEN-MAR SHIPPING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00020743

RECEIVED
10/09/2019 10:00 AM
CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LEN-MAR SHIPPING LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M14000007784

3. Jurisdiction of its organization: New York State

4. Date authorized to do business in Florida: 10/24/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

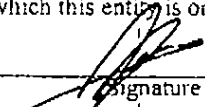
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

This form is being filed to change the title of Dirk Chee-A-Tow from President to Director, and to add Richard Teixeira as President.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Dirk Chee-A-Tow</u>	<u>10901 NW 146 Street, Suite 8</u>	<input checked="" type="checkbox"/> Add
		<u>Hialeah Gardens, FL 33018</u>	<input type="checkbox"/> Remove
<u>P</u>	<u>Richard Teixeira</u>	<u>4331 SW 133 Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33175</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

JOSEPH SCHMITZ

Typed or printed name of signee

Filing Fee: \$25.00

Authorized Representative