

MI70000006539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

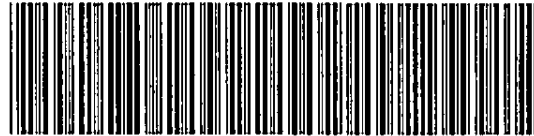
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 AUG 18 PM 3:18  
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STATE OF MICHIGAN

S. WARREN

AUG 21 2017

LAW OFFICES  
**JORGE E. BLANCO, P.A.**

SUITE 641  
782 NW 42<sup>nd</sup> Ave., (Le Jeune Road)  
MIAMI, FLORIDA 33126

TELEPHONE  
(305) 444-0044  
E-MAIL: [blanco@jorgeblancolaw.com](mailto:blanco@jorgeblancolaw.com)

August 17, 2017

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Attention: Registration Section  
Tallahassee, Florida 32301

RE.: EMI Investment Group, LLC  
Seal Capital, LLC

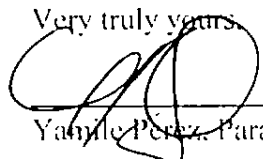
Dear Registration Section:

Enclosed herein please find Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for both companies above mentioned.

Also attached please find your letter dated August 9<sup>th</sup> requesting corrections to the EMI Investment Group, LLC application and confirming receipt of the check in the amount of \$60.00 representing the filing fees for the applications above captioned.

Please review and if same meets to your approval kindly file the amendment and enclosed application. Thank you.

Very truly yours,

  
\_\_\_\_\_  
Yamille Perez, Paralegal

Enclosures  
Sent via Fed-Ex for expedited delivery

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEAL CAPITAL 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:

JORGE E. BLANCO

Name of Person

JORGE E. BLANCO PA

Firm/Company

782 NW 42 AVENUE, SUITE 641

Address

MIAMI, FLORIDA 33126

City/State and Zip Code

jblanco@jorgeblancolaw.com

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

For further information concerning this matter, please call:

Yami Perez

Name of Person

at ( 305 ) 444-0044

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

**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: SEAL CAPITAL, 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: M17000006539

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JULY 31, 2017

**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*

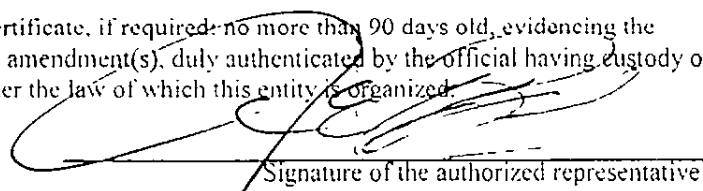
If Changing Registered Agent, Signature of New Registered Agent

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:

| <u>Title/ Capacity</u> | <u>Name</u>                    | <u>Address</u>                              | <u>Type of Action</u>                      |
|------------------------|--------------------------------|---|--|
| <u>MGR.</u>            | <u>Miguel Arturo Ortega</u>    | <u>1110 Brickell Ave., #317, Miami, Fl.</u> | <input checked="" type="checkbox"/> Add    |
|                        |                                |   | <input type="checkbox"/> Remove            |
| <u>MGR.</u>            | <u>MPP Trading Company LLC</u> | <u>782 NW 42 Ave, #641, Miami, Fl.</u>      | <input type="checkbox"/> Add               |
|                        |                                |   | <input checked="" type="checkbox"/> Remove |
| <u></u>                | <u></u>                        | <u></u>                                     | <input type="checkbox"/> Add               |
|                        |                                |   | <input type="checkbox"/> Remove            |
| <u></u>                | <u></u>                        | <u></u>                                     | <input type="checkbox"/> Add               |
|                        |                                |   | <input type="checkbox"/> Remove            |
| <u></u>                | <u></u>                        | <u></u>                                     | <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

Jorge E. Blanco, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
17 AUG 18 PM 3:18  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA