PH000694690

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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Seemann Y CL	LTDA USA. Corp	
DOCUMENT NUMBER: P14000094690		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Pablo M. Rodriguez	i	
	Name of Contact Person	
Seemann Y CIA LTDA U	SA, Corp	
	Firm/ Company	
PO Box 227476		
	Address	
Miami, FL 33222-7476		
	City/ State and Zip Code	
prodriguez@seemannglobal.co	ա	
E-mail address: (to b	e used for future annual report notification)	
For further information concerning this matter, p	lase call:	
Pablo M. Rodriguez	at (305) 632-1017	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:	
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	<u> </u>	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Seemann Y CIA LTDA USA, Corp

(Name of Corporation as surren	tly filed with the Florida Dept. of State)		
P	try incu min ine i fortua Dept. of State)		
P14000094690			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	4421 NW 97th Avenue		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Doral, FL 33178		
1			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4421 NW 97th Avenue		
· · · · · · · · · · · · · · · · · · ·	Doral, FL 33178		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
	The No.		
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of fig position.		
Signature of New	Registered Agent, if changing		

address of each Officer a (Attach additional sheets. Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President. Treasurer Changes should be noted a change. Mike Jones lear Mike Jones, V as Remove.	and/or D if necess vector titl resident Chief I r, Directo in the for	irector being ary) The by the first of Treasuring Treasuring of Treasuring T	g added:	irector being removed and title, name, and astee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	8	
X Add	<u>SV</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame	<u>Address</u>
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				<u> </u>
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			!	
6) Change				
Add				

_ Remove

(Attach additional sheets, if necessary). (Be specific)
	I physical address as we have moved into a new warehouse.
<u> </u>	
	<u></u>
	<u> </u>
	·
If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· I
	-

• • •				
		1/2017		
The date of each amendment(s) ac	loption:!		<u> </u>	, if other than the
date this document was signed.	1/2017			
Effective date if applicable:				
		(no more than 90 days afte	r amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De			tory filing requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	(CHEC	CK ONE)		
■ The amendment(s) was/were add by the shareholders was/were su			f votes east for the amendment(s	;)
☐ The amendment(s) was/were approximately provided for	oroved by the st	hareholders through voting roup entitled to vote separa	g groups. The following stateme ately on the amendment(s):	ent
"The number of votes cast	for the amenda	ment(s) was/were sufficien	it for approval	
by	<u> </u>		···	
	tvoling	g group)		
☐ The amendment(s) was/were add action was not required.	opted by the box	pard of directors without sh	nareholder action and shareholde	r
☐ The amendment(s) was/were add action was not required.	opted by the inc	corporators without shareh	older action and shareholder	
08/25/2017 Dated				
	'	////		
Signature	iractor procido	my or other officer if dire	ectors or officers have not been	
selecte	d, by an incorp	porator – if in the hands of y that fiduciary)	a receiver, trustee, or other cour	1
	Pablo M/, Red	driguez		
	(Ty	yped or printed name of pe	erson signing)	
	President			
	<u> </u>	(Title of person s	signing)	
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