## 118000074744

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## COVER LETTER

	egistration Se livision of Cor					
SUBJECT	Shipment M	lanagement LLC				
300300	•	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		Sarah Federspiel				
			Name of Person			
		Garvey Schubert Barer				
			Firm/Company			
		1191 2nd Ave, #1800				
			Address			
		Seattle, WA 98101			ALLA ALLA	
City/State and Zip Code				JUL 30	$\overline{\Box}$	
		sfederspiel@gsblaw.com			30 SSE	ILED
For further	information co	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifiall:	ication)	30 MII: 23	O
Sarah Fed	erspiel		206 816-1374		23   DA	
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shipment Management LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our record lability Company)	<u>k.</u> )
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000074744}{2}$ .	were filed on March 22, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Florida Ride Control, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 off registered agent and/or the new registered office address here		JUL 30 AM DO SEE FLORING THE NEW
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Fl	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			☐ Remove
			_ ☐ Change
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			Add
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li amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	re date, if other than the date of filing:
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will nother listed.
docume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlierce 90th day after the record is filed.
CITC	
	· Company
Dated_	
Dated _	アレート Pure Manager (Apple of the Control of the Co
Dated _	

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