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(Req	uestor's Name)	
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COVER LETTER

TO: Registration S Division of Co		7	
I-SHIP LL SUBJECT:	C		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	SONI PATEL		
		Name of Person	
	6229 14TH ST W	Firm/Company	
	BRADENTON, FLORIDA	Address A 34207	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
SONI PATEL		941 587 0928 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

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

I-SHIP ELC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on OCTOBER 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
4I-SHIP LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	- · · · · · · · · · · · · · · · · · · ·	
		87.7%
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
Manage dearess MIT BE ATOST OFFICE BOX)		
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 	fice address on our records, <u>ent</u> :	er the name of the ne
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

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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the one of the date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be pri- ck does not meet the appl	icable statutory filing	(optional re than 90 days after filin requirements, this dat	o 3 Pursuant to 605 0207
record specifies a delayed The 90th day after the reco	effective date, but nord is filed.	ot an effective ti	me, at 12:01 a.m	. on the earlier of
MAY 30TH	2019			
X Fite	Signature of a member or aut			

Page 3 of 3

Filing Fee: \$25.00