(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:

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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Logistics Name of Limite	LLC ed Liability Company	
	mendment and fee(s) are subr		
	Rakael Mar	HOYELL) Name of Person	
	JRT Logist	Firm/Company	
	12930 SW 1	Address	
		318 6 City/State and Zip Code	2013 0
	Rafaelmartor E-mail address: (to	ell 28 agmail Compose used for future annual report notification	<u>)</u> on) မိ
For further information concerning this matter, please call:			
Rakael Marta Name of	OYPII JR Person	at (<u>305) 331-876</u> Area Code & Daytime Te	on)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

IRI Logistics LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L) 2000 (2865</u> .	i on $10/09/2012$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Freight Ship LLC The new name must be distinguishable and end with the words "Limited Liabili	
The new name must be distinguishable and end with the words "Limited Liabili "L.L.C."	y Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	29
(Principal office address MUST BE A STREET ADDRESS)	. 8
	<u> </u>
Enter new mailing address, if applicable:	22
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
City	, Florida Zip Code
Cuy	Lip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			201
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
•				
				
ated <u>Se</u>	ptember 26, 2013.			
·	Mortocell			
	Signature of a member or authorized representative of a member			
	Rafael Martorell J12			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 30 MM II 147