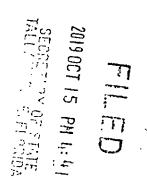
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COVER LETTER

TO:		tion Section of Corpora			, ,	
C. I.		PPING WIS	SE LLC			
SUBJEC	↓1; <u> </u>		Name of Limited Liability Company			·
The encl	losed Arti	cles of Amo	endment and fee(s) are sub-	nitted for filing.		
Please re	eturn all c	orresponder	nce concerning this matter t	o the following:		
			LU	IGO SALAZAR, ROSSY	F	
		-		Name of Person		
		-		Firm/Company		
			265-	40 CASTLEVIEW WAY		
		-		Address		
			WESI	LEY CHAPEL, FL 33544		
		-	ROSSYI	City/State and Zip Code .UGOS@OUTLOOK.CO	ЭМ	
		-	E-mail address: ()	to be used for future annual re	eport notification	1)
For furt	her inforn	nation conce	erning this matter, please ea	ill:		
ROSSY	LUGO			813 856. at ()	8884	
		Name of Per	son	Area Code	Daytime Telep	ohone Number
Enclose	d is a che	ck for the fe	ollowing amount:			
■ \$25	.00 Filing	g Fee - [S30.00 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

SHIPPING	WISELLC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	empany were filed on 03/26/2019	and assigned
Florida document number L19000082955		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		75 FCC T
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	رين بر
	Emer Fioriaa sirvet daaress	
	, Flori	da
	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
MGR	LUGO SALAZAR, MARIA E	26540 CASTLEVIEW WAY	□ Add
		WESLEY CHAPEL, FL 33544	
			■ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			Change
		 	Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change

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~··	
	
(If an effective date is listed, the date Note: If the date inserted in this	the date of filing:
if the record specifies a delay b) The 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated October 9th	2019
	Signature of a plember or authorized representative of a member
	Norbert Serna

Typed or printed name of signee