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(((H14000037381 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTAX USA INC. Account Number : I20000000254

Phone : (727)546-3335

Fax Number : (727) 546-3365

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH FLORIDA SHIPPING, LLC

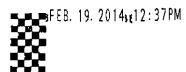
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N. Guilligan FEB-2 0 2014/2/14/2014





February 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPUTAX USA

SUBJECT: SOUTH FLORIDA SHIPPING, LLC

REF: L08000001285

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Missing page (2) of the Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H14000037381 Letter Number: 314A00003488

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SECNETARY OF STATE
TALLAHASSEE, FLORIDA

FEB. 19. 2014 12:38PM

COMPUTAX USA INC 727-546-3365

NO. 670 P. E.D NO. 670 P. E.A 2014 FEB 19 AM 9: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FLORIDA SHIPPING		
(Name of the Limit	ed Liability Company as it now appo (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Life Florida document numberL080000012		01.03.2008	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of			
	SERVICES UNLIMITE		,
The new name must be distinguishable and end with the	words "Limited Liability Company," ti	he designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(<u>Principal office address MUST BE A STREE</u>	T_ADDRESS)		
Enter new mailing address, if applicable:	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		on our records, enter	the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florida	
	Clty	,	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

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COMPUTAX USA INC 727-546-3365

FEB. 19. 2014 12:38PM

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Remove
			Add
			□ Remove
			Add
	·		Remove
			<u> </u>
			Add
			□ Remove
			-
 			□ Add
			□ Remove

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. If amending any other information, enter change(s) here: (.snach ade	ditional sheets, if necessary.)
	// Epul
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of rectipt or filed date and can the date this document is filed by the Physical Department of State)	(optional) no: be more than 90 days after
Dated February 12th 2014	•
iliè Pur-	Collins.
Signature of a mamber or substract represent	/ 1 l
Mira Lau- Coffn	nap
Timelar anale pame of some	

FILED. 2014 FEB 19 AM 9: 24